79-07876			
Received the second	۲		BAT .
		A THE PERSON	o farbill
opinos PV.	×		linesy Lund
#2.Liminition	istingot is	remen piranimed	vitrolet for
Time thresh but a child		erion is inte	hits Perc
M.Lvesleysle	a James A	www.anton	aggerta.
ler and I, lot 1/2; cheryed			
		872-19-19-19	0
	L. marce foli	872-19-19-19	

Surjel 1972 - California (Surjelanda) - Cali

dis room, N. S.

4			STATE OF MARYLAND		
10	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	79-07877
(M)		CEASED NAME OR PRINT)	the T. Anderson &	Navch /	6 1979 1 19 M
	3. SE	M	RACE S. DATE OF BIRTH VEAR VEAR 11 25 29	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN.
of Once.	CF	DEMAY NJ.	CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR CO WICOMICO	
by the filed in onlified of	10. C	Y OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR 11MF S COAC	IXING LIFE) 176. KIND OF BUSINESS OR INDUSTRY
filled in oould be must be	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OR O'STATE)	a = - 0 1 // / / / / / / / / / / / / / / / /	130 STREET ADDRESS	IMES
ed within	14 FA	THER'S NAME FIRST HOWARD ME	DIE Anderson 15 MOTHER'S MAIDEN NAM	AE MIDDLE	Page
oe execut n and ca . Pages 1		VAS DECEASED EVER IN U.S. ARMI (ES, NO OR UNKNOWN) (IF YES, GIVE W		ADDRESS whereson (fell.	pame go above)
to the death certificate by the attending physicis is remove carbon paper ceremoval.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
signed ben plea	NOI		((c) NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITIO	ON GIVEN IN PART 1101
he low recon. hos been t permit. It iene prior t	CAT	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{YES} \(\text{NO} \)
IYSICIAN: The ding physicia physicia is certificate burial-transit Mental Hygie	CAL CERTIF	2] 0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	ED (ENTER NATURE OF INJURY IN IT	
DING PHYS or ottendin After this c e os the build build morked or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOC ATION STREET	CITY OR FOWN	COUNTY STATE
R ATTENDIN hospital or IRECTOR: A hed for use of healt, of Healt		22a t certify that (I) (this haspital sow the deceased alive on obove, (I) (see (did) (did nat)	3/15 19 79 ond that in (my) (and) opinion o	to 3/15 death occurred on the date at	nd haur and from the couses stated
# F P P P P P P P P P P P P P P P P P P		22b. SIGNATURE	DEGREE ATTENDING PHYSICIAN X	MEDICAL STAFF DIRECTOR PHYSICIAN	3/16/79
O HOSPITAL etoined by the TO FUNERAL should be defined with the Stofe IMPORTANT:		JOSE IN GIV	asso Veninsula Gen	relal Hospital	Salisbury mo
BP	23a E	SPECKY CREMATION, REMOVAL	3-20-79 Mt Morinh Com	23d LOCATION ENTYORTOWN A OP MAY	COUNTY
DHMH - 16 50M 7/77 (VR A 15 (4))	24-51	INERAL DIRECTOR Colley Memorial		REC'D. BY REGISTRAR 356. R K 2 7 1979	REGISTRAR'S SIGNATURE

110-01611 College THE STATE OF THE S March 19 Carlot and the sale of the control of the THE LOSS TO SEE THE COLUMN THE WAY THE COLUMN THE PARTY OF THE PARTY O

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-07878 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1 DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) 3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH DAYS TE CITIZEN OF WHAT COUNTRYS TO BIRTHPLACE STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico DIVORCED WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Peninsula General Hospital Salisbury JUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRES 166 SOCIAL SECURITY NO. 17 INFORMAN (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH Enter only one couse per ling for (o), (b), and ic PART I. DEATH WAS CAUSED BY robable Sepsis DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Yeloma Conditions, if ony, which gove rise to immediate couse 10', stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse 10 d Pur PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) ¿ CERTIFICATION tentre calcenia ō 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? P IN CERTIFYING CAUSES OF DEATH? a burial-transit p Mental Hygien NOF 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a.l certify that (I) (this hospital) attended the deceased from that (1) (we) lost sow the deceosed alive an. ____ and that in (my) (and) opinion death accurred on the date and hour and from the causes stated obove. (1) (we) did) (did not) view the body after death. 77% SIGNATURE DEGREE 22c. DATE SIGNED STAFF + ATTENDING > MEDICAL old be deto the State PHYSICIAN_ DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME ITYPE OF PRINT 22e ADDRESS 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d. BP 25g. DATE REC'D. BY REGISTRAR 25b. RE DHMH - 16 60M 1/75 (VR A 15 (4))

8 18 10 - 21 THE STATE OF THE PARTY OF THE P Smitshorg Fendagula Centeral Hospital ζ, - <u>-</u> -A CONTRACTOR OF THE PROPERTY O

1. DE	OF ESTI-	
(148	OF ESTI-	DAY YEAR 126 HOLIR
3. SE	Lanny Thomas Barkley DEATH MATED □ 3 2	26 19 79 25. HOUR
		DAY YEAR 2d. HOUR
	nale Black // 24 49 29 YRS. DEAD 3	26 ₁₉ 79 7:30
	RTHPLACE (STATE OR The CITY OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OF COUNTRY WILLIAM	
	TY OR TOWN OF DEATH / 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1 10 10 10 10 10 10 10	126. KIND OF BUSINESS OR INDUSTRY
	Salisbury Ditch near Cooper Road AGENT	INSURANCE
13a. S		ve.
14 F	ATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE ALLERS FIRST	/ LAST
	Lycurlus Darkly Has Barkl vas deceased ever in u.s. armed forces? 166 social security no. 17. Informant Address	ly
	ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	HE AS Above
	18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	982 / IMMEDIATE CAUSE (a) Carbon Monoxide Intoxication (DUE TO, OBAS A CONSEQUENCE OF	
	Canditions, if any, which	
	gave rise to immediate cause (a) stating the <u>under-lying cause (a) stating the under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF	
	(c)	
Z	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
RTIF	A CANCENIAL CALLET WAS AN THAT OF NAMEDY	YES X NO
	216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 216. TIME OF INJURY HOUR A.M. MONTH BAY YEAR 1216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 1216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 1216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 1216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 1216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 1216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 1216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 1216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 1216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 1216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 1216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 1216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 1216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 1216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 1216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 1216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 1216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 1216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 1216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAR	(12)
MEDICAL	214 INTHURY OCCUPATED 216 PLACE OF INTHURY (AT HOME 216 LOCATION	UNTY STATE
×	WHILE AT WORK AT WORK THE AT WORK AT W	
	220. I certify that I took charge of the remains described above, held an Autopsy 💢 , Inspection 🗌 , Inquiry 🔲 , and in my ap	pinian
	death resulted fram: Natural causes Accident, Suicide Hamicide Undetermined manner	
	ACTUAL SIGNATURE ACTUAL MEDICAL EXAMINER SIGNET	3/27/79
	SIGNATURE SIGNE AMILIER SIGNE	
	TO AMINEDIC NAME	
	EXAMINER'S NAME (TYPE OR PRINT) Hormez R. Guard, M.D. ADDRESS 111 Penn Street, Balto.	MD 21201
230.1	EXAMINER'S NAME HOrmez R. Guard, M.D. ADDRESS 111 Penn Street, Balto. RURIA, CREMATION, REMOVAL 23b. DATE STEPHIN UVIAL 3-31-79 Spring H. L. Memory Hebron Wico.	NTY STATE

21010-31

- STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME (TYPE OR PRINT) ALBERT BELL 3 SEX 4 RACE 5 DATE OF BIRTH MONTH YEAR CAUC 1916 TO BIRTHPLACE STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA Wicomico WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Peninsula General Salisbury DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN maryland WICOMICO Rt 10 alisbury 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST 502 seorge moru nnu 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DIVISE) 166 SOCIAL SECURITY NO 17. INFORMANT -5533 no IB CAUSE OF DEATH Enter only one couse per line jo PART L DEATH WAS CAUSED BY IMMEDIATE CAUSE (D. DUE TO, OR AS ACONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO OR underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 21t HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE 220.1 certify that (1) this hospital) attended the deceased from above the decembed allow on 2/27 and that in May (our) opinion death occurred on the date and hour and from the couses stated 22h SIGNAT DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ould b DONALD M. WOOD 215 OHIO AUE SALISBUR 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN 3/25/79 BP. Removal 24 FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9-07880

MONTH 26 HOUR

20 DATE OF DEATH

MARCH

6 AGE (IN YEARS LAST BIRTHDAY)

IF UNDER 24 HRS

9 BALTIMORE CITY OR COUNTY OF DEATH

120 USUAL OCCUPATION

126 KIND OF BUSINESS OR

(TYPE OF WORK FOR MOST OF WORKING LIFE) rusiness man

INDUSTRY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ADDRESS

MUS

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? NOF YES []

COUNTY STATE

22c DATE SIGNED

STATE

COUNTY

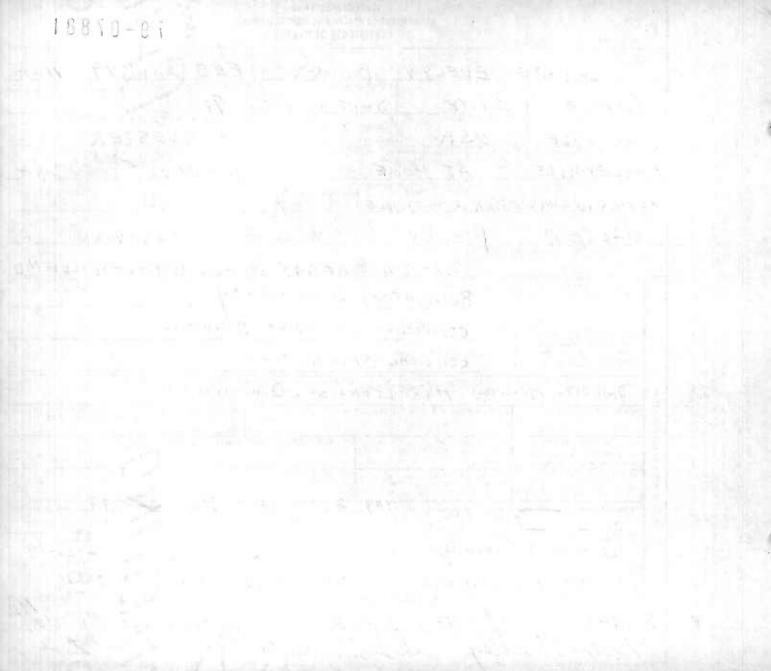
DHMH - 16 60M 1/75 (VR A 15 (4))

Anatomy Board

FOR

Balto., Md.

250 DATE REC'D. BY REGISTRAR 256 BEGISTRAR'S SIGNATURE intrey Mc Cready Sulimbury Perinsula Ceneral Mosical



19-07882 FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-07883

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20. DATE OF DEATH DECEASED NAME 25 HOUR TYPE OR PRINT RUSSELL W. 4 RACE SEX IF UNDER 1 YEAR MONTH DAYS June 13.1896 82 Caucasian Ta BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Wicomico WIDOWED Maryland 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176. KIND OF BUSINESS OR Suburban Bev. Co. (TYPE OF WORK FOR MOST OF WORKING LIFE) Peninsula General Hospital Salisbury Watchman USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13. STREET ADDRESS 2850 Kentucky Ave.21213 136 COUNTY 134 INSIDE CITY LIMITS? 13c CITY OF TOWN Baltimore YES X Maryland 14 FATHER S NAME IS MOTHER'S MAIDEN NAME LAST Greenland John Breneman Mav 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Hall(dgtr)Hollywood,Fla.33024 165 SOCIAL SECURITY NO IVES NO OF HINKNOWN (IF YES, GIVE WAR OR DATES) 05-6382 Bertha Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 10, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 19n DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive an. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (wat (did) (did not) view the body after death 226. SIGNATURE DEGREE 22r. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME_LTYPE OR PRI 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b DATE COUNTY Md. Baltimore. Oaklawn Cemetery Burial Schimunek Funeral A3331 Brehms Lan & DATE REC

Balto.Md.21213

DHMH - 16 50M 1/76 (VR A 15 (4))

Home. Inc

WAR 1 - 1979 FOR A COLOR

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

STATE OF MARYLAND

FUNERAL LEME

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

07001

1.	STATE REGISTRAR		CERTIFICATI	OF DEATH	REG. NO	19-01	004
	CEASED NAME FIRST	LYUN	BuchA	NAN	MARCH	6 1979	26 HOUR M
3. SE:	EMALE	White	S. DATE OF BIRTI	DAY YEAR 29	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER LYE MONTHS DA' YRS	
C	MO.	CITIZEN OF WHAT COUNTRY?	MARRIED N	NEVER MARRIED X	BALTIMORE CITY O Wicomi	_	MD.
	Salisbury	Peninsula Ge	neral H		120 USUAL OCCUPATION		O OF BUSINESS OR
130 S	AL RESIDENCE (IF NURSING HOME OR O STATE 138 COUNT MD W			SIDE CITY LIMITS?	130 STREET ADDRESS	57.	
14 FA	ATHER'S NAME ARRY MICHAEL M	BUCHAVA	U 15 MG	SOAN	JESTA	R BUCHA	van
	VAS DECEASED EVER IN U.S. ARMI YES, NO OR UNKNOWN (IF YES, GIVE W		RITY NO. 17 IN	RRY BU	CNANAI)	OCEAN	City Mo.
	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE	BY:	Pulmone	iry ate	lectasis	APPR BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
	Canditians, if ony, which gave rise to immediate cause to: stating the underlying cause lost	DUE TO, OR AS A CONSEON	Splacene	Hernia filling int of he	s B hem,	thorax s To Ris	ht
NO	TAKE 2 OTTER SIGNIFICANT CO	· Com	pressio.	of Zu	inal disease or contings preve	atins ox	senation
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS	PERFORMED	200. AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES [DINGS USED SES OF DEATH?
	2]a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	OW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2	0
MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		OCATION STREET	CITY OR TOW	N COUNTY	STATE
	220.1 certify that (1) (this hapito saw the deceased alive an above, (1) (1) (did) (did got)	3/6/1) 19	, and that	in (my) (od) opinian	death occurred an the do	19, 19	, that (I) (we) last the causes stated
	Chile C	Pollermo	DEGRE	ATTENDING _	MEDICAL STAP	F _ 3	SIGNED
	Chester C.	allins	Me	Dical Cen	ter Salisi	bury Mo	14 land
1	BURIAL, CREMATION, REMOVAL	3-9-79 S	OUSET	RY OR CREMATORY	BERL	in which	2 100
24. FI	UNERAL DIRECTOR	// ADDRESS /)	M. 254 DATE	E REC'D BY REGISTRAR	SHIEGE BY SHEE	Virtuel

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral dires, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

injury, ar ather traumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

ODUE TOO

Beldniums, Peninault Toneral Hospital

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

79-078	Ŏ	3
--------	---	---

11.	- STATE REGISTRAR			DLI ARTI	CERTIF	ICATE OF DEATH	REG. N	7 9	-078	85
1. DE	CEASED NAME OR PRINT)	FIRST	In a reality	MIDDLE	l	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		Martin	1 .	James	CE	Mayolly	MARCH	21,16	979	5:35 R
3. SE	X		4 RACE		5. DATE C	F BIRTH /	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS
-	Male		Wh:	ite	5	25 1910	68	YRS.	MONINS DATS	NOURS MIN
	IRTHPLACE ISTATE O	OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	OF DEATH	
	Delaware		II S	3 A	WIDOWE	AA	Wicomi	CO		AAT
	ITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIN		R OTHER INSTITUTION	12a USUAL OCCUPAT		126 KIND O	F BUSINESS OR
1	- 7 i ab			H FACILITY GIVE STREET		l Wosnital	(TYPE OF WORK FOR MOST O	OF WORKING LIF		100 100
	Salisbur AL RESIDENCE (IF					l Hospital	Barber		Barbe	ering
13a. S	STATE	136 COUN	ITY	13c CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	150		
	Maryland	Wice	omico	Salis	bury	YES NO		dgemo	nt Aveni	ue
14 FA	ATHER'S NAME	,	AIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAST	
	John			Calloway		Annie			Hal	
	WAS DECEASED EV			166 SOCIAL SECL		17 INFORMANT	ADDR	ESS 120		
(YES, NO OR UNKNOWN)	(1F YES, GIVE	WAR OR DATES)	221-05-5	1.06	Mrs. Flo	rence W. Ca		8_Edgemo	
-	No	711				PICS PIO	rence w. La	TIOMA	APPROXI	MATE INTERVAL
	PART I. DE ATH	WAS CAUSE	ly one couse per DBY	line for 101, (b), an	dic 1	1 1	1			
		IMMEDIAT	E CAUSE (0)	Myoca	RCI	alintan	<u>C 1</u>		min	reiez
N O	PART 2 OTHER S	IGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIV	VEN IN PART 110)
CERTIFICATION	19a DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDIN	OF DEATH?
1 2	21g. ACCIDENT WAS	UNDERLYING T	216. TIME C	F INJURY		21c. HOW INJURY OCCUR				
	OR CONTRIBUTING		11414	M. MONTH D						
Š	(IF EITHER, NOTIFY MI			M.	19	21f LOCATION				
MEDICAL	WHILE NO	T WHILE WORK		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify the	(I) (this hospi	tal) attended th	ne deceosed from_	30	10 64	10 Man	21	19 79	that (h (we) los
	sow the dece	egsed alive on	Man	21 19	19	d that in (my) Lour) opinion	death occurred on the c	late and hou	or and from the	couses stated
	27b. SIGNATURE	((did))did no	t) view the body	ofter death		DEGREE			22c. DATE	
	THE SIGNATURE		2	0 0	006	ATTENDING .	MEDICAL STA	FF	0 0	770
1 9	John	n6	200	kelly	211.1	PHYSICIAN [DIRECTOR PHYSI		12.7	-3 19
	22d PHYSICIAN'S	NAME (TYPE O	RPRINT			220 ADDRESS PIN	E BLUIF	180	OAD	
	SOHN	T	B1.14	ILIDV		5A41513	GRV M	1.	21801	
23g. I	BURIAL, CREMATIC	N. REMOVAL	23b. DATE	236	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
((SPECIFY)					- Marie - Control - Contro	CITY OR TOWN	11107- 17	COUNTY	STATE
74 E	UNERAL DIRECTOR	rial	3-24	-19	Pars		SATISC TE REC'D. BY REGISTRAR		icomico	<u>Marytar</u>
			l Ilama I	ADDRESS	11177			1	intray A	18 Gravely
	norroway	runera.	L HOME 1	.A. Snow	HITT	Rd. Salisbur	WAR 2 (19/3		, ,,,	. 1

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR: After this certificate hos been sign

TO HOSPITAL OR ATTENDING PHYSICIAN: The etained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remave carbonpopers. Pages I and 2 should be filed within 721 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

Fallsburg Peninsula Geroral Hospital

X				STATE OF MARYLAND	
-		1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	7886
0.00	-		CEASED NAME FIRST OR PRINT)	PEER Church MARCh 24 1979	YEAR 26 HOUR
no do		1 SE	WANTEL	4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER	LYEAR IF UNDER 24
(M)	21		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED PREVER MARRIED WICOMICO WICOMICO WICOMICO	ATH
1	80		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b (TYPE OF WORMFOR MOBILIFIE) INDI	(IND OF BUSINES
A News	25	USU.	AL RESIDENCE (IF NURSING HOME COLTATE	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) UNITY 136 CITY OR, TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS 1	1 Quna
Marky fill	20	14 FA	THER S NAME	MIDDLE CILLAST, LAST, PIRST MIDDLE MIDDLE	LAST
Acad Some	7	16a V	VANIEL VAS DECEASED EVER IN U.S. A LES, NO OR UNKNOWN) (IF YES, GI	VE WAD OR DATES!	5
te be e		4	IR CAUSE OF DEATH (Foto)	JWI 218-05-7295 ARNRTA RTKINS	APPROXIMATE INTERV.
is a committee that a committee that it is a committee to brief, creating the committee of	0	CERTIFICATION	couse to stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, OR AS A CONSEQUENCE OF (C) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE IN CERTIFYING C	FINDINGS USED
score to other particular property prop	1	ERTIF	21g. ACCIDENT WAS UNDERLYING	YES NO YES TIME OF INJURY 1216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR P	NO 🗆
SICIAN og phy certific rital tre ental tr	4	TOTAL STREET	OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH DAY YEAR P.M. 19	
offeedor offee this to the but hand m		MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUN	ITY STA
TTENDS at 10 or 10	10		sow the deceased alive a	natrol) oftended the deceased from 3-23-, 19-29, to 3-24-, 19-29, and that in (my) (performing death accurred on the date and hour and from the body after death.	
the horse the ho			226. SIGNATURE	DEGREE 2200 ATTENDING MEDICAL STAFF PHYSICIAN DHRECTOR PHYSICIAN D	3 134/7
4 4 4 4 1 1			THE PHYSICIAN'S NAME (TYPE	OR PRINT	
O HOSPITA elouned by TO FUNERA should be di with the Shall		17.7	JAMES	L. CLIFFORD NO MEDERAL CENTER SALIS	BURY M

STATE OF MARYLAND

Til comice

Ealishury | Weningula General Mempitel

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-07887 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) 50 tarni 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) HOURS 9 BALTIMORE CITY OR COUNTY OF DEATH OF WHAT COUNTRY MARRIED NEVER MARRIED Wicomico WIDOWED DIVORCED T NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR Salisbury Peninsula General Hospital 13d INSIDE CITY LIMITS? 4 FATHERS NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN' (YES, NO OR NKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE 10 OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20% IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB, PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (thus haspital) attended the deceased from sow the deceased olive on_ , and that in (my) (eve) apinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 1FEBRI 230 BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BP BY REGISTRAR 256 REGISTOAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4))

on bron in

Caligned Lateral a (when a lateral property)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR

to

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-07888

250. DATE REC'D. BY REGISTRAR 25b. RECISTRAR'S SIGNATURE

Exaction Page

- STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH TYPE OR PRINTI 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH PG-RC BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE STATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED | Wicomico 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Peninsula General Hospital O CITY OR TOWN OF DEATH 17b KIND OF BUSINESS OR Salisbury (TYPE OF WORK FOR MOST OF WORKING LIFE) AboreR OSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE: 131 COUNTY 132 GITY OR TOWN GITY OR TOWN 13d INSIDE CITY LIMITS? YES [4 FATHER'S NAME 15 MOTHER S MAIDEN NAME FIRST MIDDLE RMED FORCES 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, CIVE WAR OR DATES) APPROXIMATE INTERV 18 CAUSE OF DEATH Enter only one couse per line for ia , b PART I DEATH WAS CAUSED BY aler A CONSEQUENCE OF Canditions, if any, which gave rise to immediate stating the couse o'. DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71g. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on 5 - 100 above, (1) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death accurred on the date and haur and from the couses stated 27h. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN CLDIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE COUNTY

BP

ä

Hygi

Mental

8

+

ANT

24 FUNERAL DIRECTOR

be or Store

the the IMPORT/ モ

DHMH - 16 60M 1/75 (VRA 15 (4))

A Li Peninsula Ceneral Hespitul LOVE STATE OF THE PERSON Selection of the select

1			DI	VISION OF V	TITAL RECORDS,			REET, BALTIMO DEATH	RE, MARYI	AND 21201	-078	89
decim.		ECEASED-NAME Type or print) ROS	First COE		Middle Anstine	DE	lost NNIS	20	a. DATE OF DE	ATH Month Doy 1	Yeor 1979	2b. HOUR a 2:40 ^M
	3. S	Male	4	. RACE Whi	te		s. date of t	BIRTH 15, 1915	6.	AGE (In years ast birthday) 54 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
E	P	BIRTHPLACE (State or foreigntry) DWellville.		CITIZEN OF WHA USA		8. MARRIED [WIDOWED [DIVO	ORCED V	VICOMI	CO		Md
70		CITY OR TOWN OF DEATH Salisbury		SAL	TSBURY N	URSIN	IG HO	ME Retir	f working life ed owne	nd of work done , even if retired.) ⊇n	12b. KIND OF INDUSTRY Oil	Business or Company
33	adm	usual RESIDENCE (Where ission) STATE Maryl	and 1	ved, if institution 3b. COUNTY Wi	comico	Salis	bury	YES NO		rand number Taney Av	ve.	
2		FATHER'S NAME First Rober		Middle A.	Dennis			MAIDEN NAME First Edna		Middle	Parke	Last
1		(es, no, or unknown) (lf	.S. ARMED F res give war or d		6b. SOCIAL SECURITY N 217-01-67		nformant Irs. Ka	athryne D	ennis	Address (wife) sa	ame as I	L3
		Conditions, if any, which rise to immediate caus stating the underlying last. PART 2. OTHER SIGNIFICA	e (a), cause	DUE TO, OR AS (b) DUE TO, OR AS (c)	A CONSEQUENCE OF A CONSEQUENCE OF NG TO DEATH BUT NO		THE TERMIN	INC.	TION GIVEN IN	PART 1(a)	17	
9	CERTIFICATION	19a. DATE OF OPERATION	196. CONI	OFFICE WHIC	H OPERATION WAS PER	FORMED	20a. AU1 YES		20b. IF YES	s, were findings (DEATH?	CONSIDERED IN C	RTIFYING
9	MEDICAL CER		OF DEATH	21b. TIME OF I HOUR A.M. P.M.	NJURY Month Day Year 19	21s. HC	IW INJURY O	CCURRED (Enter not	ure of injury is	n Part 1 or Part 2,	Hem 18.)	1,0
	ME	21d. INJURY OCCURRED While Work of work	21e. PLAC	E OF INJURY (NT HOME, FARM, STREET, FAC SPECE BUILDING, ETC.	UNY.) 21f. LO	CATION Str	eet or R.F.D. No.	City or	Town	County	State
		22a. I certify that saw the decea causes cated 22b. Sentiment	sed alive	on w	d not) with the l	Z and	mat in (r leath.		Janes College	utred on the do		(I) (we) las and from the
1		224 PARTINS DRVpe) RA	A M	READ	DSLEY. M	T TOR	22e AD	DRESS SAT C		-	2180	3
	230	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 3/14/		23c. NAME OF C		CREMATORY	23	d LOCATION (Llisbur	(City or Town)	(County)	(State) ry_land
(4)		FUNERAL DIRECTOR			ADDRESS			2Sa. PEGD BY RE	GISTRI979	2Sb. plantyAir	STANDARD OF THE PARTY OF THE PA	7

MARYLAND STATE DEPARTMENT OF HEALTH

STATE OF MARYLAND 9-07890 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 26 HOU TYPE OR PRINTS iri ckson March 3 SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR CAU 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED Wicomico WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR PE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Peninsula General Hospital Salisbury STIRED JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 1 13d INSIDE CITY LIMITS? 13e_STREET ADDRESS YES PY 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR PHIKHOWN) (IF YES, GIVE WAR OR DATES) BETWEENON 18 CAUSE OF DEATH Enter only one couse per line or io i, bi, and ig PART I. DEATH WAS CAUSED BY: undun IMMEDIATE CAUSE to DIVISION OF VITAL RECORDS, 201 W PRESTON ST A CONSEQUENCE OF Canditians, if any, which Mistdel sede Upra gove rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 r sign CERTIFICATION a 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY à CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from abave. (1) (we) (did) (did not) view the bady after death. and that in (my) (aur) apinian death accurred an the dote and haur and fram the couses stated DIREC 22b. SIGNATURE 22c DATE SIGNED DEGREE ATTENDING AFOTCAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN be deta ould be det th the State PORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS evins 000 23d LOCATION 23c. NAME OF CEMETERY OF CREMATORY 230. BURIAL CREMATION, REMOVAL 23b. DATE STATE BP 24. FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VRA15(4))

199-197-1995

in a

Indicate Terenal Strantinel

were 1379 Personal Red and

MIDDLE

ADDRESS

Pikesville.

MAR

FOR

REGISTRAR

L DECEASED NAME

24 FUNERAL DIRECTOR

Frank H. Newell.

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO 20 DATE OF DEATH 26 HOUR 20 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 74 HRS IF UNDER I YEAR DAYS BALTIMORE CITY OR COUNTY OF DEATH Wicomico 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Plummer Ret. Constructio 13e STREET ADDRESS Lot 26 Cedarhearst Village LAST dinniss. ADDRESS Reisterstown. Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN O 23d. LOCATION CITY OR TOWN Woodl Galto Maryland 25a, DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

79-07891

BP DHMH - 16 50M 1/76

(VR A 15 (4))

110010-0 . minimum min ELY ELECTION F. C. Stittsburg Posinsula Senaral Hospital a little amount of the first of the control of the

9	1.	FOR			DEPARTME		MARYLAND H AND MENTAL I	HYGIENE				
D	1-	STATE REGISTRAR					CERTIFICATE		DEC A	79-	078	92
-		ECEASED NAME	FIRST		WIDDLE		LAST	Zo. DAT	E KNOWN I	MONTH	DAY YEAR	R 2b HOUR
3 K 11 S E	- ("	PE OR PRINT)	KA	THERINE	ANI	DOUG	HERTY	OF DEAT	ESTI- H MATED	× 3-2	27-79	8 A
PLE FEE	3. SE	Х	4. RACE	5. DATE OF BIRTH	YEAR	AGE (IN YEARS IF U			TE UNCED	MONTH	DAY YEA	AR 2d HOUR
ARY OUR ON		emale	White			80 YRS.	INS DAYS HOURS	MIN PRONO		3-27-	79 19	10 A,
ECESSARY JUNERAL DIR FOR YOU! WITHIN 72		OREIGN COUNTRY)	ATE OR	76. CITIZEN OF W		8. MARE	IED NEVER MARE	SIED	IMORE CITY	-	Y OF DEATH	
ZIV S	7 10 0	Virginia ITY OR TOWN C		U.S.		WIDO	3/16		Wicom			WE
ELAY IS NE O THE FU PAGE 5 F FILED, W	3			11. NAME OF HOS	CILITY, GIVE STREET	ADDRESS)	HER INSTITUTION	120. USUAL OCC	ORKING LIFE)	PE OF WORK	OR INDU:	BUSINESS STRY
DELV BE DS,		Mardel		BOX 74	/E PESIDENCE BEEC	MACASSIMATA 39		Homemak	er		Own Ho	ome
W. PRESTON ST., BALTIMORE, MD. 21201 D WITHIN 24 HOURS AFTER DEATH. IF ANY DELA MAINER ALONG WITH FORM PM. 3. RETAIN PA -TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE F ENTAL HYGIENE, DIVISION OF WITH RECORDS, 3 REMOVAL.	5 13a. S	Md.	113b COUN	mico	Marde Marde	iown 1a	13d. INSIDE CITY LIMITS? YES NO	Box 7	RESS			
MD. S. 1, 2, PM 3, WD 2 S	14. F	ATHER'S NAME	The Later	MIDDLE	LAST		15. MOTHER'S MAID	EN NAME	WIGDLE		LAST	
M P P P		War			yde		Anni	е	Ell			
IMORE, MI	160.	ES, NO, OR UNKNOV	EVER IN U.S. ARA	MED FORCES? WAR OR DATES)		SECURITY NO.	17. INFORMANT		ADDRES			
URS AFTEI URS AFTEI B. GIVE P. WITH FO PAGES I DIVISION	-	No	-			14-6179	Katherine	Shaffer,	Marde	la Spi		
ST., E HOUI 1 18. MIT. I		PARTIDEA	DEATH (Enter and ATH WAS CAUSED	y ane cause per line BY:	far (a), (b), an ASCVD	d (c).)					BETWEEN ON	ATE INTERVAL
ON ST., 1 24 HOL ITEM 18 ALONG PERMIT		1120	IMMEDIAT	E CAUSE (a)	AS A CONSEC	UENCE OF					300	ars
THIN IL IN ER A NSIT		Candition	s, if any, which	, 500 to, 5k	AD A CONOCC	TOURISE OF					27.34	
W. P ENC WAIN TRA		cause (a)	ta immediate stating the under-	DUE TO, OR	AS A CONSEG	UENCE OF						
S, 301 W. PR ECUTED WIT 3" IN PENCIL AL EXAMINE BURIAL-TRAN IND MENTAL		lying caus	e last.	(c)							19	
0 0000		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED T	O THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PA	ART I (o).				
L RECOR	MEDICAL CERTIFICATION							glet urt				
ALRI OULI D 'PI USED J' CR	2 2	19a. DATE OF C	OPERATION	19b. CONDIT	ION FOR WHI	CH OPERATION V	/AS PERFORMED?				20. AUTOPS	,Y?
OF VITA	EME	210 EXTERNAL	CAUSE WAS	21b. TIME OF	INTUPY	1216 H	OW INJURY OCCURRE	ED TENERS MARKET			YES 🗌	NO X
ION OF V TIFICATE S THE WO TO THE HOULD BI ARTMENT R TO BURI	A P		OR G CAUSE OF D	HOUR A.M	MONTH DA	Y YEAR	OW INJURY OCCURRE	ED TENIER NATURE OF	MJURY IN ITEM TE	J PART I OR PART	12)	
CERTIF TING TING TOEPAR DEPAR	DICE	214 INITIPY OF	CCLIPPED	21e. PLACE C	OF INJURY (A		CATION					
DIV VRITI VRITI VRITI VRITI VRITI OF 3	×	WHILE AT WORK	NOT WHILE	STREET, FACT	ORY, FARM, ETC.)	30 5 11	STREET	CITY OR 1	OWN	COU	NTY	STATE
R: TH TE, V SRW, STA 212(153			e af the remains des	reibael abana b	eld an Autar	sy , Inspectio	Y	X .			
FICA FICA TOR	1/0	Carlo tar	d fram: Natur		Accident		Hamicide .	Undetermined		nd in my api	nian	
EXAMINE CERTIFICA JID BE FOUR DIRECTOR WITH THI		Zigger vicin	10	7		, outlier	TITLE (SPECIFY)	Onderermined	normer			
AL HOUNTH	4	SIGNATURE	mi	ma		N	Deputy	MEDICAL EXA	AMINER	DATE	3-27-	-79
TO MEDICAL EX. EXECUTE THE CER PAGE 4 SHOULD TO FUNERAL DIR AFTER DEATH, W BALLMORE, MARY	2	EXAMINER'S N	AAME Earl	L. Roye	r, M.	D.	ADDRESS 409 (Camden A	ve.,	Sali	sbury	, Md.
5 × 5 × 4	23a. B		ION, REMOVAL 2			E OF CEMETERY C		23d. LOCATION CITY OR TOWN			rv	STATE
BP		Buri		3/30/197	9 Mar	dela Mem	orial Cem.	Mardel	a Spri	ngs,	Md.	SIAIE
DHMH - 17 (VR A15 ME (5))		UNERAL DIRECT		ADDRESS		26.2	25a. DATE	REC'D BY REGIST	AR 25b. RE	STRAR'S SI	SAN VE	de
15M 7/77	H:	111-Bak	cer-Bou	nds, Sal	1sbur	y, Md.	- 1	107		/		7

19-07892			Z ROWNAZ LA		
1 87-73- 1 x 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
01 27-25-6				is in ea	law olempii
on lines	dw 5			. 4	
				AT ROLL	
		DIEL MONTH	o Labraca.	erinon!	1.68
. E , comme a find		503/4603(01)	d other brig		
	X			X	
PT-TS-L PH , republicat , .		Sandari Sandari			
and the second	ever."\$		bile british		Fot II

MPORTANT: If Nem 21 is morked or Nem 18 shows ony injury, or other troumotic event, the medical manure injurible position

poge 3 or death

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-07893

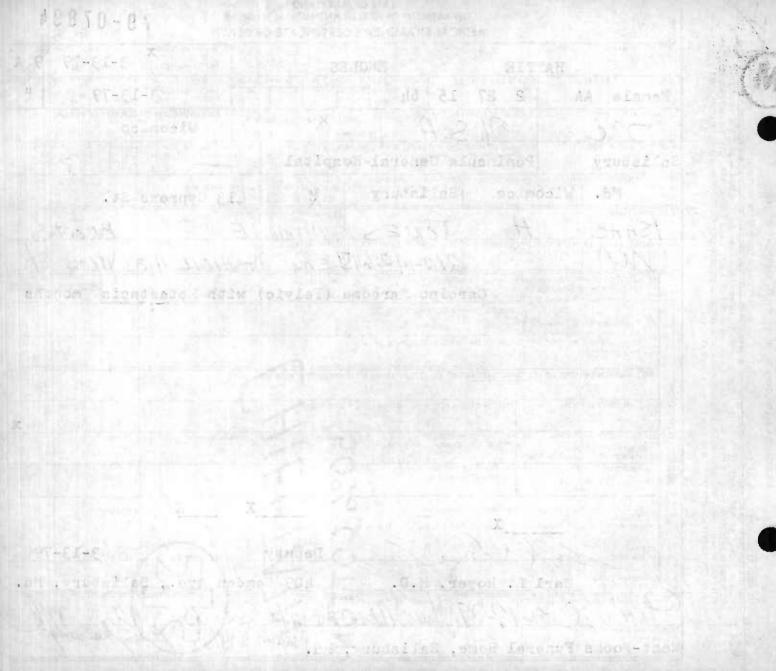
10		REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	019-010	0 0
		CEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
1	,,,,,	Edwin F	ANKLIN	Ea	st	March Ol	, 1979	10:30A _M
	3 SEX	×	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAYS	
		MALE	6041	TE 9	10 1895	83	YRS DAYS	HOURS MIN
21	70. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEATH	
15		VIRGINIA	0-5.	H . WIDOWE	D DIVORCED			MD.
71	S	Salisbury	Deer's	ITAL, NURSING HOME C UTY. GIVE STREET ADDRESS) Head Center	DR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF		Shop.
36	130			ESIDENCE BEFORE ADMISSION) ATT SBUYY	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	IUISION.	St
2	14. FA	THER'S NAME PRIST UNKNOWN	NIDDLE	LAST	15. MÖTHER'S MAIDEN NA	UNKNEED.		AST
1	160 W	VAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 S WAR OR DATES) 2/	4-32-10023	17 INFORMANT	1 KOLB	SALISON	VAVE
		18 CAUSE OF DEATH lEnter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse iol. stating the underlying couse last	D BY E CAUSE (o) A RTE DUE TO, OR AS A (b) DUE TO, OR AS A	A CONSEQUENCE OF	OF RELATED TO THE TER	RTERIOSCLE	ROSIS SEVE	NONSEL AND DEATH ONSEL AND DEATH RAL YEARS RAL YEARS
1	CERTIFICATION	190 DATE OF OPERATION		FOR WHICH OPERATION		200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE: YES	INGS USED
9	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	MONTH DAY YEAR	21c. HOW INJURY OCCUP		1	NO []
	MED	21d INJURY OCCURRED WHILE ONT WHILE OF AT WORK		CTORY, OFFICE, FARM, ETC }	211 LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
		220. I certify that (I) (this hospit sow the deceosed alive an obove, (I) (we) (did) (did not 22b. SIGNATURE	of) offended the decomposition of the decomposition	deoth.	of that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN		ote and hour and from the	that (I) (we) lost couses stated
1		224. PHYSICIAN'S NAME (TYPE OF		_)	22e ADDRESS	756,44		
		H. Wilber	g, M.D.		Deer's Head	Center, Sa	alisbury, Md	. 21801
	27a #	SURIAL	3/3/19	2000	EMETERY OR CREMATORY	23d. LOCATION CHY OR TOWN SAISE	uny WIC	MO.
	24 FU	HIM-BAKEN-B	ounds	SALISBU	ry, Md 250, DA	TE REC'D, BY REGISTRAR	Tiofray Red	Tready

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

	Merca Oby 1919	just	6,	Section 1
	catical			
		2973.0	beak aleger	Calleboury -
	of Assessed Section 1			
		00724779	K lote	
	1000			
(Z-Y-				

15M 7/77



79-07895 Selisbury Feninsula Teneral Hospital

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH 2b. HOUR 4 RACE AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Wicomico WIDOWED DIVORCED | 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR Salisbury (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Peninsula General Hospital BALTIMORE, MARYLAND 2120 OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) MIDDLE EASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH Enter only one cause per line for BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? ă IN CERTIFYING CAUSES OF DEATH? NOF YES NO I Mental Hygie 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. = 21d INJURY OCCURRED 0 21e PLACE OF INJURY 211. LOCATION CITY OF TOW (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE WHILE NOT WHILE AT WORK 22a | certify that (1) (this haspital) attended the deceased from. saw the deseased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (b)(we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 27c DATE SIGNED + ATTENDING MEDICAL old be deta STAFF MPORTANT. PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINTE 22e ADDRESS ŧ CREMATION, REMOVAL BP. 250. DATE REC'D. BY REGISTRAR 25b. DHMH - 16 50M 1/76 (VR A 15 (4))

36870-85 mile I Cost & S. Mill Someth Photogram - X has be a land had farch R France acin Catherine The foreign throat were the way of the total 15 The Department of the State of the Matheway of the Summer ask to the complete the state of the same o

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-07897

10	1-	REGISTRAR				CERTIF	CATE OF DEA	TH		REG. NO.	0.		
	I. DEC	CEASED NAME OR PRINT)	SMALL	^	E.	G	nle.		20. DATE OF DE	3	DAY	YEAR 79	26 HOUR 705 M
	3. SE)	F		BIO	ICK	5. DATE O	F BIRTH 1	893 FEAR	AGE (IN YEARS	AST BIRTHDAY)	MONTHS	DAYS	IF UNDER 24 HRS HOURS MIN
35	CC	RTHPLACE (STATE	d.	U.	S,	WIDOWE		CED 🗌	BALTIMORE	COMIC		ATH	MD
90	4	BA lisbu	14/	W. CO.	Mr Ca	(1/35/19	ROTHER INSTITUT		TYPE OF WORK FOR			SUSTRY DO	BUSINESS OR
35	13a S	AL RESIDENCE (IF	THE COUNTY	OTHER INSTITUTION. TY	131. GITY OR TOY		13d INSIDE CITY L	12	3e STREET ADD	PRESS /			
90	(WAS DECEASED E	ngton	LO v	G4/	E	15. MOTHER'S MA	- FIE		ADDRESS	Tho	FIR	-Id
7		res, no or unknown	(IF YES, GIVE	WAR OR DATES)	16b SOCIAL SECI		17 INFORMANT			ADDRESS			MATE INTERVAL
	TION	PART I. DEATI 15/9 Conditions, if a gove rise to couse (o), st underlying co	IMMEDIAT ony, which immediate ofting the rouse lost.	DUE TO, OI	DINTRIBUTING TO	ENCLOPED DEATH BUT	Soma motor RELATED TO				GIVEN IN	PART 1(o	
9	CERTIFICATION	190 DATE OF OPE	RATION			OPERATION	N WAS PERFORME	D	YES N		YES, WERI RTIFYING (YES []		GS USED OF DEATH? NO [
9	MEDICAL CE	21d, ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M 21d, INJURY OCC WHILE AT WORK	CAUSE OF DEA	P.I	M. MONTH D M.	19	211 LOCATION STREET	Y OCCURRE		OF INJURY IN ITEM		PART 2)	STATE
/		220. I certify tho sow the dec obove, (I) (w 22b. SIGNATURE 22d. PHYSICIAN'S	eosed ofive on. e) (did) (did not	view/he body	1)619			NDING _	medical DIRECTOR	STAFF			
	23a. B	BURIAL, CREMATIC	ON, REMOYAL	23b. DATE/ 3/8	1/79 236.	NAME OF C	EMETERY OR CREM	MATORY	23d. LOCATION IN PROPERTY OF TO	NMSE	COUNT	om	, md
	24. FL	DELLE DIRECTOR	m 2,1	Var	Cush	el,	mo.	25a. DATE	REC'D. BY REGI	79 256 RE	TRARS	SIC JAT	Trudy

BP______ DHMH - 16 50M 1/76 (VR A 15 (4)) FOR

- STATE

REGISTRAR

Burial

24 FUNERAL DIRECTOR

NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-07898 CERTIFICATE OF DEATH

REG NO 20 DATE OF DEATH March 6 AGE (IN YEARS LAST BIRTHDAY) HOURS. BALTIMORE CITY OR COUNTY OF DEATH Wicomico 126 USUAL OCCUPATION 12h KIND OF BUSINESS OR Merchant INDUSTRY St. Martins, Berlin, MD. Ruth Maddox Gilliss ADDRESS Robbins Gilliss, Berlin, Md. 2' 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOTA 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OR TOWN

COUNTY

STATE

and that in (my) (our) opinian death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

MEDICAL STAFF DIRECTOR | PHYSICIAN

23d. LOCATION

Buckingham Cemetary

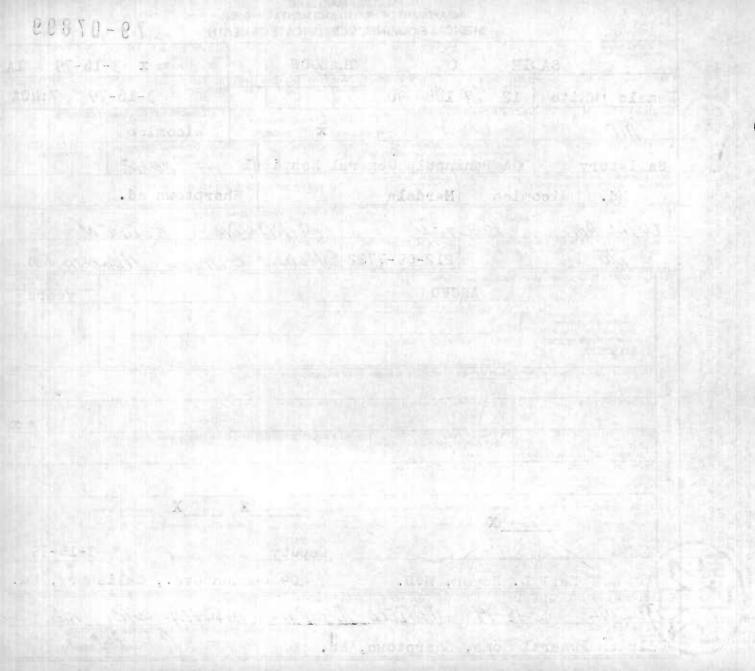
Berlin, MD. Worcester

3-21-79

BY REGISTRAR 255 EGISTRAR'S SIGNATURE

DHMH - 16 60M 1/75 (VRA 15 (4))

		FOR STATE			DEPARTMENT OF	HEALTH	AND MENTAL H	YGIENE			700	0
		REGISTRAR		MEI	DICAL EXAMIN	ER'S C	ERTIFICATE O	FDEATH	REG. N	9 - 0	189	9
	. DEC	CEASED NAM	E FIRST		MIDDLE	L	AST	2e. DATE	KNOWN [MONTH DA	AY YEAR	Zb. HOL
28282	(1111)	: OR PRINT)		DIE	C:	GL	ASGOW	OF DEATH	MATED X	3-16	5-79	14
프를 보호를 3.	SEX	TUNCTI	4. RACE	5. DATE OF BIRTH	6. AGE (IN YE.	ARS IF UNI	DER 1 YR. IF UNDER			MONTH D.	AY YEAR	2d HO
E E E	Per	male	White	12 27	1888 90 y	MONTH:	DAYS HOURS	MIN. PRONOUT	3.	-16-79	19 7:	LOA
25 E. E. E. E. S.	a. BII	RTHPLACE (S	TATE OR	76. CITIZEN OF WH	IAT COUNTRY?	8. MAPPIE	D NEVER MARRI	9. BALTIM	ORE CITY O	R COUNTY O	FDEATH	
の製品を		MO	,	09	17	WIDOWE			comic	00		A
なが 事事 一〇一日	0. CI	Y OR TOWN	OF DEATH		PITAL, NURSING HOME			12a. USUAL OCCU	PATION (TYPE	OF WORK 12h.	KIND OF BU OR INDUSTI	SINESS
3025	S	alisbu	ırv		insula Ge	nera	1 Hospita	FOR MOST OF WOR	HOM	WE	OK INDUSTI	i i
OSD OSD		L RESIDENCE		OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSE	INI						
# 4 # 5 # O		Md	. Wice	omico	Mardela		3d. INSIDE CITY LIMITS? YES NO		own F	Rd.		
TO TO TO TO	4 FA	THER'S NAME	4	MIDDLE /	LAST	-	15. MOTHER'S MAIDE	NAME	IDDLE		LAST	
A S S S S S S S S S S S S S S S S S S S	1	NILL	(AM	130	STON		MIRA	NDA	RE	ODEN	V	
B. W Z	6a. W	5 NO OR LINKNE	DEVER IN U.S. AR	MED FORCES? WAR OR GATES)	166 SOCIAL SECURITY	- 1	7. INFORMANT		ADDRESS	11		n
WITH P PAGES DIVISIO		No			212-09-7	722	SHELDAN	(944.5g	000	MARI	E4A,1	1/10,
9 5 5		18 CAUSE O PART I DE	F DEATH (Enter on ATH WAS CAUSE)	ly ane cause per line						В	APPROXIMATE	AND DEA
W S S S S S S S S S S S S S S S S S S S		11		TE CAUSE (o) A	SCVD						yea	rs
MAL STA		429	2	DUE TO, OR	AS A CONSEQUENCE	OF .						
2225	ĕ		ns, if any, which se to immediate	(b)								
RENT RE		cause (a) lying cau	stating the under-	DUE TO, OR	AS A CONSEQUENCE ()F						TAT
MEDICAL EXAM		ly mg coo	30 1031.	(c)								
4 - 2	z	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	NAL DISEASE	OR CONDITION GIVEN IN PAR	1 1 (a).				
USED AS DF HEALTH L, CREMA	CERTIFICATION	19a. DATE OF	OPERATION	TIBL CONDIT	ION FOR WHICH OPER	ATIONI MA	C DEDECORMED?		-	le.		-411
	FIC			THE CONDIT	IOIVIOR WITHCIT OF ER	A11014 117	S FERT ORMED:			20	AUTOPSY?	
2 8 -	E	21a EXTERNA	L CAUSE WAS	21b. TIME OF	INITIDY	121. 110	W INTERPOSE				YES 🗌	NO D
		UNDERLYING	OR	HOUR A.M.	MONTH DAY YEAR	ZIK. NO	W INJURY OCCURRED	(ENTER NATURE OF IN.	URY IN ITEM 18 P	ART 1 OR PART 2)		
EPARTMEN HOR TO BUIL	MEDICAL	CONTRIBUTION CONTR	NG CAUSE OF I		F INJURY (AT HOME.	21f. LOC						
0 %	ME				ORY, FARM, ETC.)		REET	CITY OR TO	WN	COUNTY		STATE
2011		AT WORK	AT WORK		A COUNTY OF							
R: PAGE E STATE		22a. 1 certii	y that I taak charg	e af the remains desc	ribed above, held an	Autapsy	, Inspection	X Inquiry	X and	d in my apiniar	1	
OHON		death results	ed fram: Nato	ral causes X	Accident . Sui	cide -	Hamicide	Undetermined me				
RYLAN			1	0 //			TITLE (SPECIFY)					
AL DIR	30	ACTUAL SIGNATURE	///	1/1	_ /	. M.	Deputy	MEDICAL EXAM	INIED	DATE	3-16-	79
ORE,	10				Y							
TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTMORE, MARYLAND, 2	-	EXAMINER'S (TYPE OR PRIN	NAME Earl	L. Roye	r, M.D.	A	DDRESS 409 C	amden A	ve.,	Salish	oury,	Md.
A A 2	3a. BL	RIAL, CREMA	TION, REMOVAL 2	3b. DATE	23c. NAME OF CEA	ETERY OR	CREMATORY	23d, LOCATION		COUNTY		
	1	30211	74	3-18-79	11/4/256	4 /1	EMORIAL	MARKE	UA- U	VIC.	ms.	IIE .
1-17	4. FU	NERAL DIREC	TOR				25e. DATE R	EC'D. BY REGISTRA	R 25h EGIS	TRAR'S SIGN	ATURE	
ME (5))	U	llric	h Funer	al Home,	Sharptov	m. M	d. MAR	23 1979	Tinto	my McC	ready	



00010-01 Sellslung "Teninerds Convers Pospital Victory

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-07901

	REGISTRAR			CERTIF	FICATE OF DEATH	REG. N	0		
	CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DA	AY YEAR	2b HOUR
(114)	Charles	Medford		Hac	dock	March.	1, 19	79	V: 10 A M
3. SE	X	4 RACE		5. DATE (w. w	6 AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN
	male	White		Nov	. 5, 1907	71	YRS.	3 26	
0	IRTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	U. S.	WHAT COUNTRY?	MARRIE WIDOWI	NEVER MARRIED	BALTIMORE CITY OF		OF DEATH	MD.
	Salisbury	11. NAME OF	HOSPITAL, NURSING	G HOME (OR OTHER INSTITUTION Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Ret. Cava		INDUSTRY	OF BUSINESS OR
13a. Ma	Market Market and the second s	E OR OTHER INSTITUTION DUNTY COMICO	GIVE RESIDENCE BEFORE	7	13d INSIDE CITY LIMITS?		oln Ay	ve.	
	athers Name narles Haddo	ock	LAST		Annie Ti	ngle MDDLE		LA	ST
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDR	ESS		
no			214-10-	7762	Ruth Nanc	y Haddock	Sal	is.,	Md.
	PART I. DEATH WAS CAL IMMED Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNALCAN	DUE TO, O DUE TO, O DUE TO, O (c)	R AS A CONSEQUE	NCE OF	Antay Not RELATED TO THE TERM	Discorse	IDITION GIVE	I I O	years
CERTIFICATION	Atrial FI	196 COND	ITION FOR WHICH (OPERATIO)N WAS PERFORMED	20a AUTOPSY? YES NO			NGS USED S OF DEATH?
MEDICAL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A	M, MONTH DA	19	21t. HOW INJURY OCCURP 21t LOCATION STREET	RED (ENTER NATURE OF INJU		RT I OR PART 2)	STATE
*	WHILE AT WORK AT WORK 220.1 certify that (1) (this has sow the deceased allow above (1) (we) (did) (fice) 221 SIGNATURE				nd that in my (our) opinion (ote and hour	ond from the	ESIGNED
	22d, PHYSICIAN'S NAME (TY	Merri			3007 Ka	MEDICAL STA	Salish	ouny.	Wd.
1	Burial, cremation, remov (specify) Burial	7AL 23b. DATE 3-3-3			enhens Cem.	23d LOCATION CITY OR TOWN		COUNTY De	STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

24. FUNERAL DIRECTOR

FOR

ADDRESS elmar 19940

250. DATE REC'D. BY REGISTRAR 256. PEGISTRAR'S SIGNATURE BY MAR 5 1979

Z TUD III

Solishury Poningula Renaral Huspitel

a little in the splinger handy

certificate has been signed by the attending physician and completely filled in by the urial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with

injury, or other troumatic

should be detached for use as the burial-tronsit permit. Their please with the State Dept. of Health and Mental Hygiene prior to burial, cr

OR ATTENDING PHYSICIAN. The low

TO HOSPITAL

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this

IMPORTANT: If them 21 is morked or them 18 shows ony

224 PHYSICIAN'S NAME (THE OFFEIN)

236. DATE

230 SURIAD CREMATION, REMOVAL

STATE OF MARYLAND

1.	FOR STATE REGISTRAR	DEPARTM	CERTIFICATE	OF DEATH	REG. NO	13 0.0	02
	CEASED NAME FIRST	A. DENNI	5 HAR	gis	MARCH	AGUIGO	7 8"20%
3 SE	FEMALE	BLACK	3 DATE OF BIRTH	1. 1886	6 AGE (IN YEARS LAST BIRT	YRS MONTHS DA	YS HOURS MIN
C	OUNTRY) MD.	U.S.A.	WIDOWED	EVER MARRIED DIVORCED	Wicomic	_	MD.
Sa	alisbury	Peninsula Gene	eral Ho	spital	HOUSE W	ON 126 KIN INDUST	D OF BUSINESS OR
130	AL RESIDENCE (IF NURSING HOMOROS STATE 136 COUNT SOM	THER INSTITUTION, GIVE RESIDENCE BEFORE Y REPSET PROPRE		SIDE CITY LIMITS?	RF1. PINE	POLE, RA	P. ANNE
5	AMUEL MI	DENNI	15. IS MO	ELIZ	ME MIDDLE	HA	NDF
160 \	VAS DECEASED EVER IN U.S. ARM YES (G) OR UNKNOWN) (IF YES, GIVE V		613 H	FRBERI	- S. MORR	is Rt2.	Prand Box 239
	18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE	1 6.1	uaret	im		App BET W	POXIMATE INTERVAL EN ONSET AND DEATH
	558 - Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF 1	ocelet		d	lars
3	gove rise to immediate couse to stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF				0
NOI	PART 2 OTHER SIGNIFICANT CO	enditions contributing to D	EATH BUT NOT RE	LATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	Îlai —
CERTIFICATION	190 DATE OF OPERATION	196 CONDICION FOR WHICH (OPERATION WAS	PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAU	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DA		OW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OR PART	2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		OCATION STREET	CITY OR TOW	VN COUNTY	STATE
	22a certify that (I) (this hospital saw the deceased alive on obove. (I) (we (idid) adid not)	3-79 19-	3-7 79, and that i		to		the couses stated
	22b. SIGNATURE	53 ukule	DEGREE	ATTENDING _	MEDICAL STAF	F	1.24-79

22e ADDRESS

BP.

DHMH - 16 60M 1/75 (VR A 15 (4))

So. DATE REC'D.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

1979

Listory Reclardy

15-01005 FEMALE BLOCK 3, 27, 100 - FILM MD U.S.A. X Brookson Salisbury | leninguia Coneral Rospital Moll. S. H. C. the Consequence of the true to the frame SAMILEL DENWIS ENIER SHOOT P SURVEY INSTRUCTOR SURVEY SERVER SURVEY SUR 477-1879 from returne y la come Smoont 1768 Statistina, de Thinas of the

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-07903

1.	REGISTRAR							REG. NO.				
	ECEASED NAME	FRSI		MEGUE	100	IASE	74 DATE OF D	EATH: WONTH	DAY	TEAR	76. HOUR	
(338)	COLMEND C	ORA		AMANDA		HARRINGTON	March	31. 19	79		and the second	- 14
3. 56	x		RACE		S. DATE C	OF BIRTH	& AGE (INVEAR		W under		F UNDER 24	
F	emale		White	e	Febru	uary 4. 1899	80	VW	WOHTHS.	PAYE	HOT/83	AND .
7s. 8	DOUNTRY)	CHECH I	F CITIZEN OF	WHAT COUNTRY!	1.	D NEVER MARRIED	-	CITY OR COU	The second second	ATH		
	alisbury.	Md.	USA		WIDOWS		Wicon	nico				M
	ITY OR TOWN OF DE			HOSPITAL NURSI	NG HOME C	OR OTHER INSTITUTION	The USUAL OC		17%	KIND O	BUSINES	_
S	alisbury		Zion I		ADOMESTI			e work	0.1641 140	USTRY	me	
1.151	AL RESIDENCE (IF HUR STATE	TISE COUNT	OTHER INSTITUTION	THE CITY OF TOV		1134 INSIDE CITY LIMITS?	I STREET AD			-	444	
	aryland	100	omico	Salisbur		YES NO	Rt. 8.	Zion Ro	ad			
	ATHER'S NAME		Crout	IASI		IS MOTHER'S MAIDEN NA			OlefsJul	(400)		
	Zora	100	rgil	Savage		Emma	deria.	ances		Mil		
	WAS DECEASED EVER			IN SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRESS		1 144	-	5
Ne		I TES. GIRE	THE OF DATES!			Mrs. Maebell	e Dunn (daughte	n) ga	me a	9 17	
	4029 Conditions, Yang	which		A Scores	ENCE OF	ntal/	Lype	Turs	en		15	
NO	gove rise to im couse (a), stati underlying cous	which mediate ng the	DUE TO, O	R AS A CONSEQU	ENCE OF	NOT RELATED TO THE TERM	Sylvan Disease o	Steed OR CONDITION	GIVEN IN P	PART In		
IFICATION	gove rise to im couse (a), stati underlying cous	which mediate ng the e lost	DUE TO O	ONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM	20s AUTOP	SV7 ZOL IF	YES, WERE	FINDIN	GS USED OF DEATH	
CERTIFICAT	gove rise to im- course (a), stati underlying course PART 2 OTHER SIG	which mediate ng the e lost CHON CHON	DUE TO O DUE TO O DUE TO O DO DID IN COND LO DO DID LO DO DO DID LO DO DO DO DO DID LO DO DO DO DO DID LO DO DO DO DO DO DO DO DO LO DO DO DO DO DO DO	R AS A CONSEQUENTING TO STRIBUTING TO STRIBUTING TO STRIBUTING TO STRIBUTE	DEATH BUT	W WAS PERFORMED	28e AUTOPS	547 266. IF NO □	YES, WERE RTIFYING C YES []	FINDIN AUSES	GS USED	
MEDICAL CERTIFICATION	DOWN rise to improve (ii), shall underlying count (iii). Shall underlying count (iii) DATE OF OPERA (iii) DATE OF OPERA (iii) DATE OF OPERA (iii) DATE (iiii) DATE (iiiii) DATE (iiiii) DATE (iiiii) DATE (iiiiii) DATE (iiiiii) DATE (iiiiiii) DATE (iiiiiiii) DATE (iiiiiiiiii) DATE (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	which mediate ng the e lost. NIFICANT CO. CONTINUE OF DEAT CALEBANDERS	DUE TO O DUE TO O ID DNDITIONS C IN COND 21b TIME C HOUR A P. 21b PLACE	R AS A CONSEQUENT ON TRIBUTING TO STOOM FOR WHICH OF INJURY A MONTH D	DEATH BUT OPERATIONAL YEAR 19	21t HOW INJURY OCCUR	20s. AUTOP: YES N RED (SHIRK HATUR	547 266. IF NO □	YES, WERE RTIFYING C YES []	FINDIN AUSES (GS USED OF DEATH	
CERTIFICAT	gove rise to improve oil, stati- part 2. OTHER SIG IVE DATE OF OPERA 21st ACCOUNT WAS SIN ON CONTRESSING 21st HALL WORK AND WORK AT WORK AND WORK 22st I certify that It saw the opena obdaye a west 22st SIGN APPURE	CHON CHON CHON CHON CHON CHON CHON CAUSE OF DEAT CAUSE AMPRES ONE CAUSE OF DEAT CAUSE	DUE TO O OND DUE TO O IO ONDITIONS C INCOMP THE COND A P THE PLACE IAT HOME ST	ONTRIBUTING TO OTHINIURY M. MONTH D M. OF INJURY BEST, FACTORY, OFFICE. THE BEST OFFICE.	DEATH BUT HOPERATIO	211. LOCATION STREET 19 10 110 110 110 110 110 110 110 110	20e. AUTOP: YES N RED (SHITAN HATUR	177 266 IF IN CES	YES, WERE RETIFYING C YES [] IB. PART + OB P	FINDIN AUSES	GS USED OF DEATH NO D	
CERTIFICAT	GOVE FISH TO IMPEDIATE OF OPERA TOURS (1), SHOP PART 2. OTHER SIG IVE DATE OF OPERA THE DATE OF OPERA T	Which mediate ng the e lost. NIFICANT CI CHON CRASS OF DEAT CALES ANDRES (THIS hospits and chief part chief	DUE TO CO OND TO CO IVA COND IVA	ONTRIBUTING TO ONTRIBUTING TO OTHOR WHICH OF INJURY M. MONTH D M. OF INJURY Read reaction, office. The discrete departs of the departs	DEATH BUT HOPERATIO	211. LOCATION SINEY 211. LOCATION SINEY 19 nd that in (my) (out) opiman DESIREE ATTENDING PHYSICIAN [20e. AUTOPS YES N RED GENTAL NATUR TO Genth occurred of DIRECTOR	200 IF IN CEI	YES, WERE RETIFYING C YES [] IB. PART + OB P	FINDIN AUSES	GS USED OF DEATH NO D	
CERTIFICAT	gove rise to improve (ii), shall underlying count underlying count underlying count (iii). PART 2 OTHER SIG	Which mediate ng the e lost. NIFICANT CI CHON CRASS OF DEAT CALES ANDRES (THIS hospits and chief part chief	DUE TO O OND DUE TO O IO DNDITIONS C IVIL COND IVIL CO	ONTRIBUTING TO ONTRIBUTING TO OTHOR WHICH OF INJURY M. MONTH D M. OF INJURY Read reaction, office. The discrete departs of the departs	DEATH BUT HOPERATIO	211: LOCATION STREET 19 19 10 EBREE ATTENDING PHYSICIAN	20e. AUTOPS YES N RED GENTAL NATUR TO Genth occurred of DIRECTOR	200 IF IN CEI	YES, WERE RETIFYING C YES [] IB. PART + OB P	FINDIN AUSES	GS USED OF DEATH NO D	
MEDICAL CERTIFICAT	GOVE FISH TO IMPEDIATE OF OPERA TOURS (1), SHOP PART 2. OTHER SIG IVE DATE OF OPERA THE DATE OF OPERA T	CHICK Which mediate ng the e lost NIFIC ANT CI	DUE TO CO OND TO CO IVA COND IVA	ONTRIBUTING TO STION FOR WHICH OF INJURY M. MONTH D. OF INJURY BEST, FACTORY, OFFICE. The discreted from a given death.	DEATH BUT OPERATIO AY YEAR 19 AND STC.1	211. LOCATION SINEY 211. LOCATION SINEY 19 nd that in (my) (out) opiman DESIREE ATTENDING PHYSICIAN [20e. AUTOPS YES N RED GENTAL NATUR TO Genth occurred of DIRECTOR	TO STAFF PHYSICIAN ON	YES, WERE RETIFYING C YES [] IB. PART + OB P	FINDIN AUSES	GS USED OF DEATH NO D	ri la

DHMH - 16 50M 1/76 (VR A 15 (4))

79-07901	
60:14 - 57-2-6 25 - 51	MARIANN THE MARISON OF
n 64-5-6	remain without areas 80
Wt contrapi	
	onlineary gill cherry way
	A CONTRACTOR OF THE PROPERTY OF THE PARTY OF
ETESY POSSE	du traga sitorolorolorol Dert Ut
C. Treunglian svå men	

		FOR				E OF MARYLAND		79-0/5	305
	1	STATE REGISTRAR		DEPAR		HEALTH AND MENTAL HY			
		CEASED NAME FIRST		MIDDLE		LAST	REG. NO	D. MONTH DAY YEAR	R 26 HOUR,
to the 3	(TYP	e or print) RENA		MARIE	Hite	chcock	march	25 1979	3 121
0.0	3. SE		4 RACE	1 11 1 1 1 da 1 d	5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER I YE	EAR JE UNDIF 24 HRS
TAN A		Female	White	е	Jan	uary 6,1896	83	MONTHS DA	AYS HOURS MIN
ATAT.	7a 8	IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8	D NEVER MARRIED		R COUNTY OF DEATH	1
103	V	irginia	USA	Section 9	WIDOW	EDA DIVORCED	Wicomico)	MD.
offied		ITY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STRI	ET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION	WORKING LIFE) INDUSTI	
e file		AL RESIDENCE (IF NURSING HOA	Penins	ula Ge	neral	Hospital	Laborer	Food	d Freezing
d bluod by	Ma	ryland Wic	OMICO	Salist	ore abmission) own oury	136 INSIDE CITY LIMITS?	130 STREET ADDRESS 200 Cedar	-Way	
pletely and 2 sh	14. F.	ATHER'S NAME FIRST	MIDDLE	LAST	5:0 11	15 MOTHER'S MAIDEN NA	MIDDLE		LAST
F 0		John	W.	Corr		Lucy		(unkno	own)
S. Poges	160	MAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN)	ARMED FORCES? GIVE WAR OR DATES)	215-16-		Mrs. Mary J	ADDRES Hitchens (DUB DOVE	er Street Salisbury
hos been signed by the ottendin permit. Then please remove carb one prior to buriol, cremation, or was any injury, or other troumatic.	CERTIFICATION	Conditions, if ony, which gave rise to immediate cause 101, stating the underlying cause last. PART 2 OTHER SIGNIFICAL PART 2 OTHER SIGNIFICAL 19a DATE OF OPERATION	DUE TO, O	ia.	D DEATH BUT	NOT RELATED TO THE TERM	20a, AUTÓPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS	IDINGS USED SES OF DEATH?
s certificate hos buriol-tronsit pe Mental Hygiene or Item 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	YES TO YEART 1 OR PART 2	NO []
the ond ked	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	M. OF INJURY REET, FACTORY, OFFICE	19 E, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N COUNTY	STATE
by the hospital ERAL DIRECTOR. e detached for us State Dept. of He		27a. I certify that (I) (this has sow the deceased allowed by the (id) did 27b. SIGNATURE 27d. PHYSICIAN SNAME (TY	mat) view the body		79.0	nd that ir my (our) apinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	death accurred on the date of	22t PA	that (1) (we) last the causes stated
TO FUN should b with the	0.5		. Merri				, Salisbur	y, MD 21	1801
	23a (BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
3P - 16 60M 1/75 R A 15 (4))	24 F	Burial Uneral director HOLLOWAY FUNE	3/28/7 RAL HOME,			S Cemetery 256 DAT APR	E REC'D. BY REGISTRAR?	Wicomico Spegistrar ssign Listry McC	ATURE

60910-8 00 1 100 1 Salishury Teminedia Ceneral Rospitali

(VR A 15 (4))

STATE OF MARYLAND

Intignos Jero on signification gradultal

FOR - STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

May 10, 1915 YEAR

YES X

Vasculen

17 INFORMANT

113d INSIDE CITY LIMITS?

FIRST

Bessie

WIDOWED

79-07907 -REG. NO 20 DATE OF DEATH 6 AGE LIN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico DIVORCED [12a USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Housewife 13e STREET ADDRESS Tony Tank Lane 15. MOTHER'S MAIDEN NAME MIDDLE Kaufman ADDRESS Mr. Alton E. Hughes (husband) same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

YEAR

29

19

211 LOCATION

CITY OR TOWN

and that in (my) (and opinion death occurred on the date and hour and from the causes stated

COUNTY

STATE

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY Parsons Cemetery

DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

23d. LOCATION

BP. DHMH - 16 60M 1/75 (VR A 15 (4))

24. FUNERAL DIRECTOR FUNERAL HOME, Salisbury, Maryland

Salisbury, Wicomico, Maryland 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

22¢ DATE SIGNED

Salisbuty Fering Ceneral Hospites

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0 7 9 0 8 CERTIFICATE OF DEATH 2b. HOUR Middle 2a. DATE OF DEATH **DECEASED-NAME** First death. PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death Month (Type or print) GERTRUDE INSLEY E 6. AGE (In years IF UNDER I YEAR 4. RACE S. DATE OF BIRTH 3. SEX last birthday) Sept.3,1898 female caucas. 9. COUNTY OF DEATH 76. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED A NEVER MARRIED country) Wicomico physician and completely filled in U.S.A. Md. WIDOWED [DIVORCED [12o. USUAL OCCUPATION (Kind of work done ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street address)
SALISBURY during most of working life, even if retired.)

homemaker INDUSTRY by the attending physician and the arbon please remove carbon the please remove event, with Salisbury NURSING HOME 13a. USUAL RESIDENCE (Where deceased liver, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES 52 NO 126 Brohawn Ave. Dorchester Cambridge 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle Last LeCompte Samuel Olivia Christopher Dora 17. INFORMANT Cambriade, Md. 21613 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wer or dates of service) Mrs. Martha LeCompte. 313 Cemetery Av 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY: burial-transit permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed l last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) the haspital or attending this certificate has been detached far use as the prior to 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO [YES [21a. ACCIDENT WAS UNDERLYING [21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) CAUSE DF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Not while 22a. I certify that (I) (this hospital) attended the deceased from. ond that in (my) (our) opinion death occurred on the date and haur and from the saw the deceased alive on. O FUNERAL DIRECTOR: causes stated above, (1) (we) (did) (did not) view the body after death 22c. DATE SIGNED DIRECTOR PHYS PHYS. 21801 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) EARL M M.D. U.S.50-CIVIS AVE. SALISBURY BEARDSLEY_ 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) 23a. BURIAL CREMATION. Dorchester, Md. Salem. BEMOVAL (Spenify) Salem Cemetery 308 High Cambrid BA 2Sa. REC'D BY REGISTRAR Funeral Home.

80610-61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND, 2201 17 9 0 9 CERTIFICATE OF DEATH 2g. DATE OF DEATH 2b. HOURP DECEASED-NAME First Middle Last death. (Type or print) JONES : 50 N JAMES R.ussell IF UNDER 1 YEAR hours ofter 4. RACE S. DATE OF BIRTH 6. AGE (In years 1F UNDER 24 HRS. 3. SFX the ottending physicion and completely filled in by the sit permit. Then please remove carbon papers. Pages lost birthdoy) DAYS HOURS MALE WHITE 9-16 97 **OR ATTENDING PHYSICIAN:** The low requires that the deoth certificate be executed within 24 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH MA RYLAND WICOMICO U.S. DIVORCED [WIDOWED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done within 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY SALISBURY NURSING 18a, USUAL RESIDENCE (Where deceased lived," if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER UTENNA RACE STREET ond in any 15. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Last William Jones Effie Abbott Mae 16b. SOCIAL SECURITY NO. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) cremation, or removal, 220-07-2810 Mrs.Marie H.Jones Vienna Md NO APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH burial-tronsit permit. IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise ta immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF be retoined by the hospital or ottending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FO FUNERAL DIRECTOR: After this certificate hos been prior to detached for use os the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗍 YES 🗀 21a. ACCIDENT WAS 21b. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) UNDERLYING | CAUSE OF DEATH Manth Day Year HOUR A.M. (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from _19____, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the decased alive an... abave. (1) (ve) (did) (ald not) view the bady after death. 22c. DATE SENT MED. DIRECTOR PHYS. TO HOSPITAL Page 4 moy b 22e. ADDRESS EARL M. BEARDSLEY, M.D. RT. 50&CIVIC AVE, SALISBURY, MD. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION, (County) Mar. 31, 1979 St. Paul's Cometery Vienna Md 24. FUNERAL DIRECTOR Thomas Funeral Home, Cambridge, Md.,

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical exemine must be notified of once.

STATE OF MARYLAND

DEDARTMENT OF BEALTH AND MENTAL BYCKENE

07010

	1 -	STATE REGISTRAR	CE	RTIFICATE OF DEATH	REG. NO.	19-019	1 0
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MO	NTH DAY YEAR	26 HOUR
	(TYPE	Julia	#	JONES	March 19, 19	79	3:25 am
	3 SE>	P2 1 4 R	ACE S.D	DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHD)		IF UNDER 24 HRS
	1	Limale	Black	7-4 1872	107	YRS DAYS	HOURS MIN.
2		RTHPLACE (STATE OF FOREIGN 76. C	CITIZEN OF WHAT COUNTRY?	ARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
20		Ma		DOWED DIVORCED	Wicomico		MD.
2.	10. CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HO	OME OR OTHER INSTITUTION	120 USUAL OCCUPATION		F BUSINESS OR
71	S	Salisbury / D	eer's Head Center		debare	22	
7 -	USUA 13a S	TATELL COUNTY	ER INSTITUTION, GIVE RESIDENCE BEFORE ADMI	ISSION)	130-STREET ADDRESS	0.	070
15		Ma Some	st. Venton	YES NO	14.3-Bot	67 Prince	as low
0	14 FA	THER'S NAME MIDD	1E 7/ LAST 1	15. MOTHER'S MAIDEN NAM	man	IAS	
10		Daul.	Nilou	- All	Marie	- mad	dot
2	16a W	(AS DECEASED EVER IN U.S. ARMEE ES, 100 OR UNKNOWN) (IF YES, GIVE WAI		NO. WINFORMAN	ADDRESS ADDRESS	1-00	0
			218-20-305	7 Ame sones	173-100	5/1 /r.lles	ema
		18 CAUSE OF DEATH (Enter only o PART I, DEATH WAS CAUSED BY	ne couse per line for (a), (b), and (c).	801	1-	BETWEEN	MATE INTERVAL
		IMMEDIATE C		one of (L) to	707		
		2500	DUE TO, OR AS A CONSEQUENCE	OF 1	. 4		
		Conditions, if any, which	16) Advanced	generalised	arterioscle	10510	
		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE	OF 1- 11 11			
		underlying couse lost	Dias	beles Mellit	us.		
	z	PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERM!	NAL DISEASE OR CONDIT	ION GIVEN IN PART 10)
_	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPE	BATION WAS BEREORAS	20a AUTOPSY? 2	Ob. IF YES, WERE FINDIN	Ce Hero
2	FIC	198 DATE OF OPERATION	198 CONDITION FOR WHICH OPE	KATION WAS PERFORMED	11	N CERTIFYING CAUSES	OF DEATH?
OG.	ERT	2)a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21. HOW INTERVOCCUER	YES NO NO	YES	NO 🗆
7		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY	YEAR 21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IF	NITEM 18, PART 1 OR PART 2)	
	CA	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19			
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		AT WORK AT WORK					
		220.1 certify that (I) (this hospital)			, to		
		sow the deceased alive on obove, (1) (we) (did) (did not) vis	ew the body ofter death.	, and that in (my) (our) opinion d	eoth occurred on the date		
		226. SIGNATURE	11/10	DEGREE	MEDICAL STAFF	22c. DATE	SIGNED
		1.000	CS FIGI	PHYSICIAN [DIRECTOR PHYSICIAL	и 🗆 📗	
1		22d. PHYSICIAN'S NAME (TYPE OR PRI		22e ADDRESS	onton Calin	hume Md	21801
-		Maheswari, Shre	estha, M.D,	Deer's Head Co	enter, bails	bury, ma.	TOOT
	23n B	URIAL CREMATION, REMOVAL 2		E OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE O
	-			OF CEMETERY OR CREMATORY	Ventor	SOTTILIANA , REGISTRARIA SIGNAT	ma

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

01010-07 Line , minored Frond Buck 2" 4 382 109 Machine CL. 8. Hours of the Commission of the Co The second state of the se 12th Samuel Vancon and Same Same ALLEY TO THE THE PARTY OF THE P 218 DO SOLF WERE KNOWN OF F. EVER ENERS BURNESHIP Harten Stomatichina the first the street section of the street

Item 0 g534 0/20/79 g] STATE OF MARYLAND 79-07911 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE I DECEASED NAME 20 DATE OF DEATH Elizabeth Madelvne 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) White 6 yrs. TE CITIZEN OF WHAT COUNTRY? BIRTHPLACE STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED Maryland U.S.A. Wicomico WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR Peninsula General Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Salisbury DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Powellville, MD. YES 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Jones Gladden Raymond Dlores ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES 66 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a OR AS A CONSEQUENCE OF ongenile Canditions, if any, which gave rise to immediate Bilizry Cirrhosis cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION 90 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? bei NO Mental Hygie 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that (1) this haspital) attended the deceased fram and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated saw the deceased live an abave. (I) we (did) did not) view the bady after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS MPORT, ld b with 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23d. LOCATION 236. DATE Libertytown, Wor., MD. 3-20-79 Riverside Cemetar 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4)) 21811WHK 61

The first series and the series of the series Larigack Istone) almenings of grockits. Andrew Mills The contract of the second sec ing sold of the same of the Company of the Compan

79-079 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2n DATE OF DEATH (TYPE OR PRINT) 6 AGE (IN YEARS LAST BIRTHDAY 3. SEX MONTH YEAR DAYS Ta. BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico neess WIDOWED 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR VORK FOR MOST OF WORKING LIFE) Salisbury INDUSTRY Peninsula General DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE CH ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT I (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH Enter only one couse per line for 10 . 161, and 10 PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE TO DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ă CERTIFICATION 0 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? be e NO YES Hygier certificote 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH nd Mentol tem MEDICAL ò (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK AT WORK 22a. | certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated did not view the body ofter deoth SIGNATURE DEGREE 22c. DATE SIGNED 0 = ATTENDING MEDICAL STAFF be deto e Stote [PHYSICIAN A DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b ÷ 0 230. BURIAL, CREMATION, REMOVAL 23b. DATE NAME OF CEMETERY OR CREMATOR 23d. LOCATION STATE BP. DHMH - 16 50M 1/76 ADDRESS'S

(VR A 15 (4))

STATE OF MARYLAND

5-18-01812 Hart Market Street Caliabury Paninaula Conomal Hospital Propies of Conomal Hospital The same of the sa The state of the segment of a second state of the

STATE OF MARYLAND 79-07913 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME MIDDLE 20 DATE OF DEATH (TYPE OR PRINT) ANDREW LESTER 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR DATE OF BIRTH A LINDED TANKE YEAR 9/14/1905 TO BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN MARRIED W NEVER MARRIED Wicomico Beaver Falls. Pa. 8 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR LIYPE OF WORK FOR MOST OF WORKING LIFE) Salisbury Peninsula General Hospital INDUSTRY Retired Accountant USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13d. INSIDE CITY LIMITS? 13c CITY OR TOWN 13e STREET ADDRESS 1119 S. Division St. Maryland Wicomico Salisbury 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST ALIDDLE FIRST MIDDLE Keefer David Laura Anna Stauffer ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-10-9561A Mrs. Gladys B. Keefer (wife) same as 13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY 12 HBS IMMEDIATE CAUSE (0 terenellula Hear Direct Conditions, if ony, which gove rise to immediate couse tot, stating the DIVISION OF VITAL RECORDS, 201 W. underlying couse lost 16 HOURS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION MBILICHL HEONIA : CHARNIC OBSTAUCTILE LUND DISFASE 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 19 DATE OF OPERATION 20g. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 3 - 5 - 79 OAMT-NO 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH. DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211. LOCATION 0 71e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 79 22a I certify that (I) (this haspital) attended the deceased from 1979 19 78 sow the deceased alive on. and that in (my) (and opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS 211. PHYSICIAN'S NAME (TYPE OF PRINT id b SALISBURY MEDICAL CENT. BLUXOM 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN (SPECIFY) Burial 3/10/79 Parsons Cemetery Salisbury, Wicomico, Maryland CP. ON REGISTRAR 236. REGISTRAR'S SUCHATURE 24. FUNERAL DIRECTOR DHMH - 16 60M 1/75 ADDRESS (VRA 15 (4)) HOLLOWAY FUNERAL HOME. Salishury, Maryland

Pelisbury Peninsula Ceneral Homeical

100	1	Items 18b & 19a. & 19b. STATE OF MARYLAND	
2	1.	FOR TEMPS 18b & 19a. & 19b DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-07914 STATE Film #G531 5-25-79 as CERTIFICATE OF DEATH	
1	1 DE	REG. NO. ECEASED NAME FIRST MIDDLE LAST ZO. DATE OF DEATH MONTH DAY YEAR ZO HOU	JR
\$ ege 3	(TYP	PEORPRINI) LUTHER CUIVIN KING MARCH 30, 1979 12	PM
\	3 SE	MONTH DAY YEAR	MIN
-1907	1	MALE BLACK 2 10 1914 65 YRS	
8 9 9		BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH	
ed at	10 0	VIRGINIA USA WIDOWED DIVORCED WICOMICO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINE	ESS OR
201 is after by the f filed with	S	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Alisbury Peninsula General Hospital	
212 din haur	USU	UAL RESIDENCE (IF NURSING FOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE / 136 COUNTY 137 COUNTY 134 INSIDE CITY LIMITS? 136 STREET ADDRESS	
AND 24 h n 24 h hould hould thould		Md. W.C. WHANTICO YES INO X 8+1 BOX B1-B	
d with d with and 2 s		FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE	
camp cuted		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANY ADDRESS	INS
SALTIMORE, MARYLAND 21201 cate be executed within 24 haurs experience and completely filled in by apers. Pages 1 and 2 should be file voil.		(YES, MODE UNKNOWN) (IFYES, GIVE WAR OR DATES) 219-18-54179 MO Thomas Line Library	4
ALTII ALTII sicran pers. A	-	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) APPROXIMATE INTER BETWEEN ONSE AND	RVAL
or inficot		PART I. DEATH WAS CAUSED BY LIMINATION OF THE CAUSE (0) Season 2 1116	
ON S th cer mding corba corba or re		DUE TO, OR AS A CONAFOLIENCE OF	
REST death		Conditions, if any, which gave rise to immediate	
by the size remains of the attention of the size remains of the si		couse IO, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.	
201 es three plea urral,		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
RDS, 7	NO		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN. The low requires that the death certific after this certificate has been signed by the ottending phase that he britishers are permit. Then please remove carbomp in a sub-burial-transit permit. Then please remove carbomp as the bardal-transit permit and please remove carbomp are and Memoral Hygiene prior to burial, cremation, or removed and them 18 shows any injury, or other traumatic every entire or the property of the please o	CERTIFICATION	190 DATE OF OPERATION 70 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 2016 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT	
TALRE ician. The locicion. The has been selected by the select	ERTE	The Stinal Obstruction with bower No YES NO 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	
ON OF VITAL R HYSICIAN, The I ding physicion. Is certificate hat burnoil-tronsit mental Hygisten ar them 18 shows		HOUR AM MONTH DAY YEAR	
SION OF PHYSICIA this certif this certificate burdi-did Mentalid d ar flem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21t LOCATION	
DING PHY ar attendin After this e as the bu althond M	¥	WHILE NOT WHILE AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY ST.	TATE
T O O D	10	22a.1 certify that (I) (this haspital) attended the deceased from	
2 of 2 d		above. (h) (we) (did) (d	oted
0 3 0 4 0 F		DEGREE ATTENDING MEDICAL STAFF 220. DATE SIGNED)
by by ERA	+	PHYSICIAN DIRECTOR PHYSICIAN 120 ADDRESS	
HO FU POR		Andrew Forgash Medical Center	
sho sho	23a.	BURIAL, CREMATION, REMOVAL IN DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY / SA	ATE
BP		BURIA/ 4-4-19 MIT (VINE CEMETREY W. COMICOL HYRCH, Northymber	Klandy
DHMH - 16 60M 1/75 {VR A 15 (4)}	24 F	FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR 250	
(40.5.15/4)	-	Thoy Ellare Tegele Me APR 1 1 1979 Proprieture	

11610-01 ii oa istoo EX Stillebary Legated algerines workelled Salver State of the salver services

79-07915

Salisbury Peninsula Ceretal Hospital

percus and told to the special shape since a second

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

THE PART IN THE WAR AND THE PLAY OF THE Control of the state of the sta Salishvan Peninsula Ceneral Mospikal | Pou. C. VI Fig. MALIAGO GOMEZNO ELLA ELLA EN SE DETROUTE VERMINE PURSE PAR L'ANNUEL

LOWAY FUNERAL HOME, Salisbury, Maryland

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

9-17917 REG. NO. MONTH YEAR MONTHS DAYS BALTIMORE CITY OR COUNTY OF DEATH

126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) etired State Employee

202 Prvor Avenue

Pavne

same as

NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)

20b. IF YES, WERE FINDINGS USED

COUNTY STATE

NO F

APPROXIMATE INTERVAL

YES [

22c. DATE SIGNED

COUNTY STATE

Wicomico, Maryland 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

) [] [] - [] -Saideburg Peninsula Cameral Horrital MPORTANT: If Hem 21 is morked or Item 18 shows ony injury, ar other troumanc event, the medical examines must be

FOR - STATE

STA	TE	OF	M/	ARYL	AND
DEPARTMENT OF	us	AL	TH	AND	MEN

79-07918

						REG. NO			
	CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH M	HINON	DAY YEAR	2h HOUR
(****	ANNA	M	ARIE	18	MON		3-1	4-79	230
3. SE.	Х	4 RACE		5. DATE C		6 AGE IN YEARS LAST BIRTH	DAY)	IF UNDER 1 YEAR	IF UNDER 24 H
	Female	White		OCT.	29. 1926	52	YRS	MONTHS DAYS	HOURS MI
	IRTHPLACE (STATE OR FOREIGN OUNTRY)		F WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNT	Y OF DEATH	
	Salisbury. M	id II	SA	WIDOWE	4.5	Wicomic	0		
5	Salisbury	11. NAME OF	HOSPITAL, NURSIN	enera enera	or other institution al Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWI	WORKING L	LIFE) INDUSTRY	OF BUSINESS
USU. 13a S		ne or other institution DUNTY JICOMICO	130 CITY OR TOW Salisbur		13d INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 725 Jacks	on S	Jreet	
4 FA	ATHER'S NAME FIRST Warren	MIDDLE Peter	Last Linne	ett	15. MOTHER'S MAIDEN NA/ FIRST Anna	WIDDLE		Adki	
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRES	S		
	No No	ONE WAR OR DATES	218-20-26	623	Mr. Orlando I	. Lemon (hu	sban	d) same	as 13
	18 CAUSE OF DEATH Ente	only one cause p	er line for (a.) by and	dic	~			APPROX	MATE INTERVAL ONSET AND DEA
	PART I. DEATH WAS CAL	USED BY DIATE CAUSE (a)	~ /	atory	Failue			1 / .	ween
	1160				<u> </u>				
	77010	DUE TO, (OR AS A CONSEQUE		The state of the s	2.04		7.	
	Candillane if any which	1 100	Kodi	MALL	- Inleen was Class	104		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	non.
	Conditions, if any, which gave rise to immediate	1	Kecu	Ment	- Weenwith	1 04		/	nos.
		1	DR AS AGONSEQUE	NCE OF	- I Neem Chi	14		bu	nos.
	gave rise to immediate cause (a), stoting the underlying couse last	DUETO,	OR AS A GONSTONS	ligien		14		64	ecs
z	gave rise to immediate cause (a), stoting the	DUETO,	OR AS A GONSTONS	ligien	NOT RELATED TO THE TERM	NAL DISEASE OR COND	ITION GI	LE IN PART	ecos
TION	gave rise to immediate cause (a) storing the underlying couse faut. PART 2 OTHER SIGNIFICAN	DUETO.	OR AS A CONSEQUE	LIPEN DEATH BUT	NOT RELATED TO THE TERM				
ICATION	gave rise to immediate cause (a) storing the underlying cause for PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION	DUETO.	OR AS A GONSTONS	LIPEN DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND 200. AUTOPSY?	20b. IF YE	IVEN IN PARMI	NGS USED
RTIFICATION	gave rise to immediate cause to storing the underlying couse tous. PART 2 OTHER SIGNIFICATION 2-22-79	DUE TO	CONTRIBUTING	OPERATION	NOT RELATED TO THE TERM		20b. IF YE	ES, WERE FINDI	NGS USED
CERTIFICATION	gave rise to immediate cause (a), storing the underlying couse tout. PART 2 OTHER SIGNIFICATION 2-22-79 210. ACCIDENT WAS UNDERLYING	DUE TO.	CONTRIBUTING DE CONTRIBUTION FOR WHICH DE CONTRIBUTION FOR WHICH DE CONTRIBUTION OF INJURY	OPERATION	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YE IN CERT Y	ES, WERE FINDII IFYING CAUSES (ES]	NGS USED S OF DEATH?
	gave rise to immediate cause to storing the underlying couse tous. PART 2 OTHER SIGNIFICATION 2-22-79	DUE TO IT IN CONDITIONS STATE OF THE PROPERTY	CONTRIBUTING DITION FOR WHICH DE LEWY OF TO THE TOTAL	OPERATION	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YE IN CERT Y	ES, WERE FINDII IFYING CAUSES (ES]	NGS USED S OF DEATH?
	gave rise to immediate cause (a) storing the underlying cause for the underlying cause for the underlying cause for the underlying cause of the underlying cause of the underlying or contributing a cause of cause of the underlying or contributing a cause of the underlying or contributing a cause of the underlying or cause of the underlying and the underlying or cause of the underlying and the underlying or cause of the underlying and the underlying are underlying and the underlying and the underlying are underlying are underlying and the underlying are underlying are underlying and the underlying are	DUETO	CONTRIBUTING CONTRIBUTING DITION FOR WHICH OF INJURY A.M. MONTH DA P.M. E OF INJURY	OPERATION AY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCURE 216 LOCATION	200 AUTOPSY? YES NO E ED (ENTER NATURE OF INJURY	20b. IF YE IN CERT Y	ES, WERE FINDII IFYING CAUSES (ES	NGS USED 5 OF DEATH? NO
	gave rise to immediate cause (a), storing the underlying couse tout. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 2-22-79 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI 21d INJURY OCCURRED WHILE NOT WHILE NOT WHILE	DUETO	DITION FOR WHICH OF INJURY A.M. MONTH DA	OPERATION AY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURE	200 AUTOPSY? YES NO	20b. IF YE IN CERT Y	ES, WERE FINDII IFYING CAUSES (ES]	NGS USED S OF DEATH?
	gave rise to immediate cause of storing the underlying couse for the underlying couse for the underlying couse for the underlying couse for the underlying of the underlying or contributing or contributing cause of (if either, notify medical example) at underlying or contributing cause of contributing or contributing cause of underlying or contributing or contributing cause of the underlying or contributing cause of the underlying or contributing cause of the underlying or the underlying cause of the under	DUE TO	CONTRIBUTION FOR WHICH OF INJURY A.M. MONTH DA P.M. E OF INJURY TREET, FACTORY, OFFICE, F.	OPERATION AY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURR 21f LOCATION STREET	200 AUTOPSY? YES NO E ED (ENTER NATURE OF INJURY	20b. IF YE IN CERT Y	ES, WERE FIND II IFYING CAUSES (ES	NGS USED 6 OF DEATH? NO
	gave rise to immediate cause (a) storing the underlying couse tout. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 2-22-79 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI) 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMI 21d INJURY OCCURRED AT WORK NOTIFY MEDICAL EXAMI 220 I certify that (his he	DUE TO IT INTERPRETATION OF THE PLACE (AT HOME. S.	CONTRIBUTIONS CONTRI	OPERATION AY YEAR 19 SARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCURR 216 LOCATION STREET 19 79	200 AUTOPSY? YES NO SED (ENTER NATURE OF INJURY) CITY OR TOWN	20b. IF YE IN CERT Y IN ITEM 18.	ES, WERE FINDII IFYING CAUSES (ES	NGS USED OF DEATH? NO STATE
MEDICAL CERTIFICATION	gave rise to immediate cause of storing the underlying couse for the underlying or contributing cause of the underlying or contributing cause of the underlying course for the underlying the underlying course for the underlying the underlying course for the	DUE TO IT INTERPRETATION OF THE PLACE (AT HOME. S.	CONTRIBUTIONS CONTRI	OPERATION OPERATION AY YEAR 19 SARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURR 21f LOCATION STREET 22 , 19 79 ad that in (my) @ apinion of	200 AUTOPSY? YES NO SED (ENTER NATURE OF INJURY) CITY OR TOWN	20b. IF YE IN CERT Y IN ITEM 18.	ES, WERE FINDII IFYING CAUSES (ES	NGS USED OF DEATH? NO STATE
	gave rise to immediate cause (a) storing the underlying couse tout. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 2-22-79 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI) 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMI 21d INJURY OCCURRED AT WORK NOTIFY MEDICAL EXAMI 220 I certify that (his he	DUE TO IT INTERPRETATION OF THE PLACE (AT HOME. S.	CONTRIBUTIONS CONTRI	OPERATION OPERATION AY YEAR 19 SARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURR 21f LOCATION STREET 22 , 19 79 ad that in (my) @ aprnion co	200 AUTOPSY? YES NO D ED (ENTER NATURE OF INJURY CITY OR TOWN to 3 14	20b. IF YE IN CERT Y IN ITEM 18,	ES, WERE FINDII IFYING CAUSES (ES	NGS USED OF DEATH? NO STATE
	gave rise to immediate cause (a) storing the underlying cause for the underlying cause for the underlying cause for the underlying cause of the transfer of the underlying or contributing cause of the either notify medical examinations of the underlying or contributing cause of the either notify medical examinations of the underlying cause of the either notify medical examinations of the underlying cause of the either notify that the underlying cause of the either notify that the underlying cause of the either notified that the end of	DUE TO IS ON TO CONDITIONS OF THE PLACE (AT HOME. S)	CONTRIBUTIONS CONTRI	OPERATION OPERATION AY YEAR 19 SARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCURE 216 LOCATION 216 LOCATION 378EET 19 79 Ind that in (my)	200 AUTOPSY? YES NO SED (ENTER NATURE OF INJURY) CITY OR TOWN	20b. IF YE IN CERT Y IN ITEM 18,	ES, WERE FINDII IFYING CAUSES (ES	NGS USED SOF DEATH? NO STATE
	gave rise to immediate cause of storing the underlying couse for the underlying or contributing cause of the underlying or contributing cause of the underlying course for the underlying the underlying course for the underlying the underlying course for the	DUE TO IS ON TO CONDITIONS OF THE PLACE (AT HOME. S)	CONTRIBUTIONS DITION FOR WHICH DE LUMB 400 OF INJURY A.M. MONTH DA P.M. TO TREET, FACTORY, OFFICE, F. The deceased from yafter death	OPERATION OPERATION AY YEAR 19 SARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCURR 216 LOCATION STREET 19 79 Ind that in (my) (1) apraion of the company of	200 AUTOPSY? YES NO DE ED (ENTER NATURE OF INJURY) CITY OR TOWN 10 3 - 1 4 MEDICAL STAFF	206. IF YE IN CERT Y IN ITEM 18.	ES, WERE FINDII IFYING CAUSES (ES	NGS USED SOF DEATH? NO STATE
MEDICAL	gave rise to immediate cause of storing the underlying couse for the underlying couse for the underlying couse for the underlying couse for the underlying of DATE OF OPERATION 2-22-79 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (FEITHER, NOTIFY MEDICAL EXAMI) 211 IN JURY OCCURRED WHILE AT WORK OT WHILE AT WORK OF THE UNDERLY OF THE UND	DUE TO LIST OF THE PROPERTY OF	ONTRIBUTION ONTRIBUTION OF INJURY A.M. MONTH DA P.M. E OF INJURY TREET, FACTORY, OFFICE, F. the deceased from y after death	OPERATION AY YEAR 19 SARM, ETC.) Z - 2 7 S and [NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCURE 216 LOCATION 216 LOCATION 378EET 19 79 Ind that in (my)	200 AUTOPSY? YES NO D ED (ENTER NATURE OF INJURY CITY OR TOWN TOWN TOWN CITY OR TOWN A 3-14 JOHN COLOR OF THE DICAL STAFF DIRECTOR PHYSICI. SA 15/3 44 1738 LOCATION	206. IF YE IN CERT Y IN ITEM 18.	COUNTY 19 19 22c. DATE	NGS USED OF DEATH? NO STATE
WEDICAL WEDICAL	gave rise to immediate cause of storing the underlying couse for the underlying couse for the underlying couse for the underlying couse for the underlying of the underlying or contributing or contributing or contributing or contributing cause of (if either, notify medical examinations). The underlying of the underlying or contributing at work in the underlying of the underlying or the underlying of the underlying or the underlying of the un	DUE TO LIST OF THE PROPERTY OF	DITION FOR WHICH PULL GO OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F. the deceased from y after death.	OPERATION OPERATION AY YEAR 19 SARM, ETC.) Z - 2 7 S an E NAME OF CI	NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCURE 216 LOCATION STREET 19 79 10 that in (my) @ apinion of physician of p	200 AUTOPSY? YES NO S ED (ENTER NATURE OF INJURY CITY OR TOWN 10 3 - 1 4 Leoth occurred on the dat DIRECTOR PHYSICI.	20b. IF YE IN CERT Y IN ITEM 18.	COUNTY	NGS USED OF DEATH? NO STATE that (1) causes stated SIGNED

HOLLOWAY FUNERAL HOME, Salisbury, Maryland

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

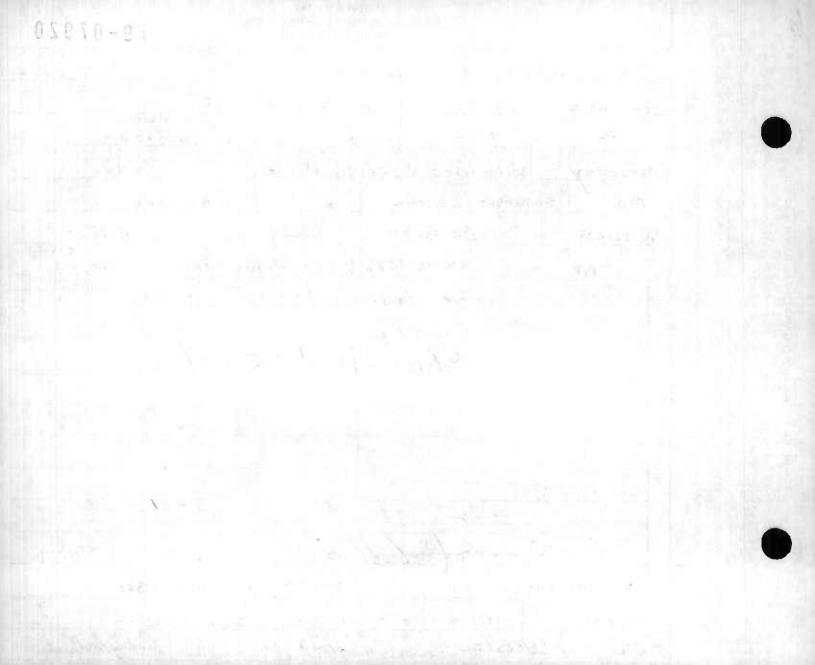
Salisbury - Tendredia Coneral Hospital

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-ELMER ALVIN LEUTNER DEATH MATED 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE 05 PRONOUNCED 11 Male White 73 YRS DEAD L CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Md. Wicomico WIDOWED [DIVORCED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General Hospital Salisbury MACHINE EMAL USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE Wicomico Salisbury 13d INSIDE CITY LIMITS? 3004 Ocean City Blvd. Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Lula Kraft Albert Leutner 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (WIFE) 16b. SOCIAL SECURITY NO. ADDRESS 217-28-2938 Elizabeth Leutner, same as #13 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Trauma hr. IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 19g. DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E DEPARTMENT OF PRIOR TO BURIAL YES NO 14 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Driver of auto involved in collision. CONTRIBUTING CAUSE OF DEA Wicomico WHILE AT WORK AT WORK & Tilghman Rd., Salisbury, Md. Inspection X 22a. I certify that I took charge of the remains described above, held an and in my apinion Accident X death resulted fram. Natural causes TITLE (SPECIFY) ACTUAL DATE 3-8-79 Deputy SIGNATUR Earl L. Royer, M.D. Camden Ave., Salisbury, Md. 230. BURIAL, CREMATION, REMOVAL 23b. DATE burial Wicomico Memorial Park, Salisbury, Wic., 3-9-79 BP 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE **DHMH-17** Hill-Baker-Bounds, Salisbury, Md. (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND

61610-61 A TO THE RESERVE TO THE PARTY OF THE PARTY O ibril vell onesi post to yredeline colmost. The state of the s FIGURE SEE PROPERTY STATES TO SEE SEE SEE SEE SEE SEE Indiabiles of perioral country new that the First First First in a remail on the solution and the continuers and . So . abid . with Jim. . the fair helf bull belt . Pin - F. The state of the s

10		١.	FOR		DEPARTA		EALTH AND MENTAL H	GIENE		070	0.0
K)	60	1.	STATE REGISTRAR				ICATE OF DEATH		G. NO. 79	-0797	20
- 1	(141)		CEASED NAME FIRST OR PRINT)		AIDDLE	ı	AST	2a. DATE OF DEA	.7		HOUR
	1				\mathcal{D} .	LUT	part of the same o		3-11		.45 AM
	offine a	3 SEX		4. RACE		5. DATE C	DAY YEAR	6 AGE (IN YEARS LA		UNDER I YEAR IF U	URS MIN
	Page direc		FEMALE RTHPLACE STATE OR FOREIGN	CAUC 76 CITIZEN OF A	WHAT COUNTRY?	8		9 BALTIMORE C	YRS TY OR COUNTY O	FDEATH	
	deoth.	C	PA.	4.5	.A.	MARRIE	DINEVER MARRIED		omico		MD.
	Fied with	10 CI	TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCU	JPATION	12b. KIND OF BU	
21201	s by s		LISBURY	Wicom	rico Ni	URSI	NG Home			# 1D 0 3 1 K 1	
021	filled in ould be f	13a. S	TATE TO THE TOTAL TATE	AE OR OTHER INSTITUTION. OUNTY			134 INSIDE CITY LIMITS?	13e STREET ADDR	ESS		
TAN	- N	14. F.A	MD. S	OMERSET	WENON	f)	YES NO		KOAD		
MARYLAND	and 2 s		VILLIAM	MIDDLE	DAUBER	7	MARY	MID		IFERT	
	5 0- /	16a V	AS DECEASED EVER IN U.S		166 SOCIAL SECU	RITY NO.	17 INFORMANT	Α	DDRESS		853
BALTIMORE,	on and co	(,	ES, NO OK UNKNOWN)	, GIVE WAR OR DATES}	216-16-	1566	VIOLET SPA	YUE PR	INCESS A		
BALI	ysicia opers		18 CAUSE OF DEATH (Enter		lip for (o), (b), one	d 10	4			BETWEEN ONSET	INTERVAL I AND DEATH
ST.,	ng physic ban pop			DIATE CAUSE (0	asc	mo	major	7 0	Link		
PRESTON ST	tendi an, an		Conditions, if ony, which		ASA CONSEQUE	NCE OF					
PRE	he de he ot emov emotic		gove rise to immediate		RASATOASEQUE	NCFOF	1 7	11	1		7/1/1/19
×.	d by t ease r ol, cre		underlying couse lost		Kher	200	ford a	Thy	is_		
5, 201	gned n ple buril	7	PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR	CONDITION GIVEN	IN PART 10	
ORD	been si mit The prior ta ony inju	ATIO	19a DATE OF OPERATION	TION CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY	20h IF YES V	ERE FINDINGS	LISED
DIVISION OF VITAL RECORDS,	das das	CERTIFICATION	THE DATE OF CHANGE	175 CO.151	nor row writer	0.500		YES TO NO	IN CERTIFYIN	G CAUSES OF	
VITA	physicial physic	CER	210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DA	V VEAD	71c. HOW INJURY OCCU				
10	SK en and a sk	CAL	OR CONTRIBUTING CAUSE O	INER) P./	М.	19					
Si	this this he bund M	MEDICAL	214 INJURY OCCURRED	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
20	After off		AT WORK AT WORK	4-15 4 4 4		2-	7 7 10 7	9. 2	- /0. 10	79	
	TENDI or use of Heol		22a I certify that (I) (this has sow the deceased alive	e on 3 -	6 19	19,0	d that in (my) (our) opinio	n death occurred an	the date and hour a		(I) (we) lost es stoted
	OR ATT e haspi DIRECT oched fo Dept. of		obove, (1) (we) (did) (di	d not) view the body	otter death.	1	DEGREE			22c. DATE SIGN	VED
	() 11 0 40		101	m	1/20	ru	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF HISICIAN	3/11/-	19
	HOSPITAL HOSPITAL FUNERAL Solid be det th the Stote PORTANT:		22d. BHYSICIAN'S NAME (T		-		22e ADDRESS				
	TO HOSPITAL of retained by the TO FUNERAL Should be deto with the Stote EIMPORTANT: If		A.C. MITC		n.D.		SALISBU				
		23a. E	BURIAL BURIAL	236. DATE 3/13/			EMETERY OR CREMATORY	CITY OR TOW	N CC	UNTY	STATE
	BP	24_E	NERAL DIRECTOR L	1000	-		CE CEM. 154.P.	PORRANC ATEREC'D, BY REGIS		RSSIANATURE	PA
	DHMH - 16 50M 1/76 (VR A 15 (4))	1	eroy Si	Velsle	PRINCE			4K 1 5 1979	Tiofor	Notro	dy



1			DIVISION OF VITAL RECORDS,	301 W. PRESTON STR	EET, BALTIMORE	, MARYLAND 21201	-07921
death.		ECEASED-NAME First Type or print) JUL:	Middle	MARSHALL		DATE OF DEATH	24 Year 9 8; 3 OA
after of the fun	3. 5	EMALE	4. RACE WHITE	S. DATE OF BIR 6-28	RTH 8-89	6. AGE (In years lost bighday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
4 haurs d in by sers. 77 hour	70. cou	BIRTHPLACE (Stote or foreign ntry) VIRGINIA	7b. CITIZEN OF WHAT COUNTRY? U.S.	44	CED [NTY OF DEATH WICOMICO	Md.
within 24 say filled son pop within 7		CITY OR TOWN OF DEATH LISBURY, MD 21	11. NAME OF HOSPITAL OR INS	TITUTION (If no An hospital nursing ho	120. USUAL OCCU DINEMPHOUS	PATION (Kind of work done printing life peven if retired.)	12b. KIND OF BUSINESS OR INDUSTRY NOne
cuted v omplete	13o. odm	USUAL RESIDENCE Whose decase ission VIIIGINIA	lived Institution: Residence before		13d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER BOX86 CEDAF	
be exe	14.	FATHER'S NAME FIRST WILLIAM	Mc Cready	15. MOTHER'S MAI	IDEN NAME First	Middle Notes an	Lost
rificate b hysician n please val, and i		WAS DECEASED EVER IN U.S. ARME	ED FORCES? or or dates of service)	17. INFORMANT	Fisher -	Picerate	Cety. Md
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death etained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and sight the State Dept. of Health prior to burial, cremation, ar removal, and in any event within 72 hours after death		PART I. DEATH WAS CAUSED IMMEDIAT Conditions, if only, which gove tise to immediate couse (o), stating the underlying couse lost.	y one couse per line for (o), (b) and (c) BY: EE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	zel ou	POSS ACIONEL DISEASE OR CONDITION	DN GIVEN IN PART I(o)	SAME OF STATE OF STATE STATE OF STATE OF STATE STATE OF STATE OF STATE STATE OF STATE STATE OF STATE STATE OF STATE STATE
AN: The law re all ar attending icate has been for use as the Health prior to	CERTIFICATION	190. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOP	PSY?	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
YSICIAN: The aspiral or at aspiral or at certificate had for use hed for use by a feath of the action of the actio	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEA (If either, notify medical examine	TH HOUR A.M. Month Doy Yeor		URRED (Enter noture	of injury in Port 1 or Port 2,	Item 18.)
by the haspital ar the rhis certificate be detached far be be detached far by State Dept. af Heal	ME	21d. INJURY OCCURRED 21e. 1 While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street	t or R.F.D. No.	City or Town	County State
OR OR Jee 3		220. I certify that (I) (this	s hospital) attended the descossive an	9/9, and that in (my	IG MED.	STAFF 22c.	that (I) (we) lost ate and hour and from the
TO HOSPITAL Page 4 may b TO FUNERAL D director, page should be file	23.0	BURIAL PREMATION, 23b. D	IATE 22, NAME OF	CEMETERY OR CREMATORY		LOCATION (City or Town)	(County) _ (Stote)
5 5		REMOVAL Specify 3		der Memor	1 /	emperance	accorate a
VR A15 (4) 25m-1/70		Herly	Temperanceu	ele la	DATE MAR 3	0 1979 tin	try Mabredy

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NO.F.

24. FUNERAL DIRECTOR (VRA 15(4))

- STATE

FRANKFORD, DEL.

DHMH - 16 60M 1/75

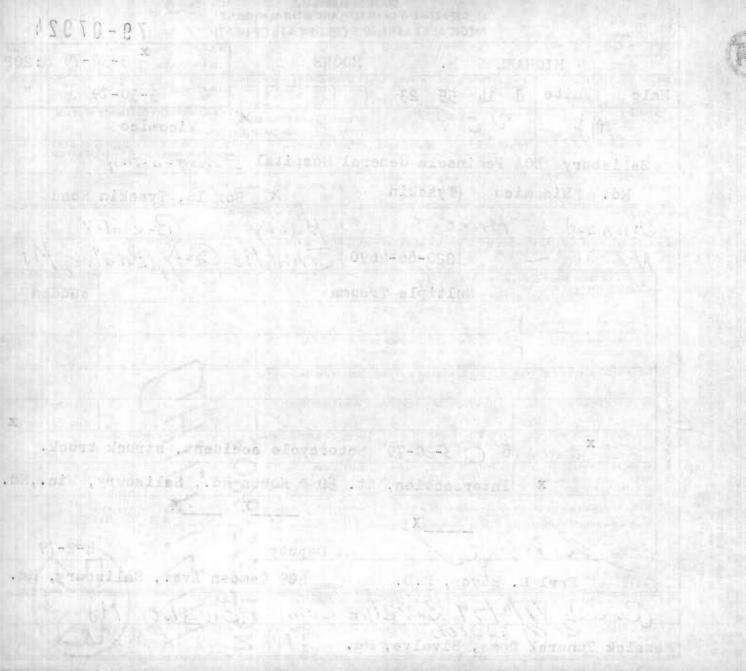
Salisbury Peninsula Caderol Hospital

STREET PROPERTY OF THE OWNER.

	1						STAT	OF MARYLAND					
		1 -	FOR STATE			DEP		EALTH AND MENT			7 (9 - 07	923
		1 DE	REGISTRAR CEASED NAME FIR	RST	Α.	AIDDLE	et et	AST .		REG O DATE OF DEATH	NO.	DAY YEAR	26 HOUR
		(TYPE	ORPRINT) Marga	ret	H PAS		N	ichel			MAR	10 197	
1	18	3. SE	(RACE		5 DATE C		YEAR 6	. AGE (IN YEARS LAST	BIRTHDAY}	MONTHS DAY	
EIV	7 P		Female		White		10	3 189	96	82	YRS	MONTHS DAT	S HOURS MIN
-	11		RTHPLACE (STATE OR FOREIG	N	b CITIZEN OF		TRY? 8	D NEVER MARK	RIED 0	BALTIMORE CIT	OR COUNT	Y OF DEATH	
940	01	1	Jersey Ci		U.S.		WIDOWE	DIX DIVOR	CED 🗌	Wicomi	CO		MD.
potified	80	100	TY OR TOWN OF DEATH		Penins	HOSPITAL, NI HEACILITY, GIVE UIA G	JRSING HOME O STREET AGORESS) eneral	Hospita	1	Verger (T OF WORKING L	(FE) INDUSTR	oof Business or RY urch
must be	35	13a S	TATE 13b	COUN	OTHER INSTITUTION, TY MICO	13c. CITY OR	BEFORE ADMISSION) TOWN SDURV	13d INSIDE CITY L		3. STREET ADDRES		da D_1	2 451
ner			THER'S NAME			Dari	ovar y	15 MOTHER'S MA				18. D-C	1 401
O WOOM			Edmund		NDOLE	Kaim		Frit	ta	WIOOFI		Kunkl	Ler
medico	1		VAS DECEASED EVER IN L		MED FORCES? WAR OR OATES)		SECURITY NO.	17 INFORMANT		ADI	DRESS		
e me	1		No	Com Com s		138-12	2-1116	Mr. Henr	cy E.	Michel	Salish		OXIMATE INTERVAL EN ONSET AND DEATH
to burial, cremotion, or niury, or other traumati		NC	Canditions, if ony, wh gave rise to immedia cause (at), stating underlying cause to PART 2 OTHER SIGNIFIC	ate the ast	(b) DUE TO, OI	r as a cons	EQUENCE OF	NOT RELATED TO	THE TERMIN	IAL DISEASE OR CO	ONDITION GI	VEN IN PART	lia .
ws ony	9	CERTIFICATION	190 DATE OF OPERATION	4	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORME	D	200 AUTOPSY?	IN CERT	S, WERE FINE	DINGS USED SES OF DEATH?
or Hem 18 sho			71a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI (IF EITHER, NOTIFY MEDICAL EX.	E OF DEAL	216. TIME O HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY	Y OCCURRE	D (ENTER NATURE OF I		PART 1 OR PART 2)
morked or H		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		21e. PLACE ((AT HOME, STR		FFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR	TOWN	COUNTY	STATE
21 is mo			220.1 certify that (1) (the sow the deceased of abave, (1) (www.(did))	live on_	man.	7.	(11/4	nd that in (my) (au-	9 78 opinion de	. 10	date and ha	ur and from t	he causes stated
VI. If Hem			III. SIGNET RE	neu	awe	mud	m	O' PHYS	NDING SICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN [22c. DA	3 10 19
with the Stote Dep	1		22d PHYSICIAN'S NAME	Y		ENRIC	Н	MAY	AVE	. SA	LISB	URY 1	nd. 21801
3 ≥		23a E	SURIAL, CREMATION, REM	NOVAL	23b. DATE	Y1	23c NAME OF C	EMETERY OR CREM	MATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
	63		Burial		3/13/	79	Linden	Hill Uni	ted M	eth. Ric	gewood		New York
M 1/75			UNERAL DIRECTOR		7.7	ADDRES		3 (7)	250. WALE	FCP 4 REGISTE	AR 256 REGIS	1283770	Cheody
11	1	1	Holloway Fun-	era]	Home,	P.A.	Salisbu	ry, MD					

Tix comico Ississon Isserel Almerical

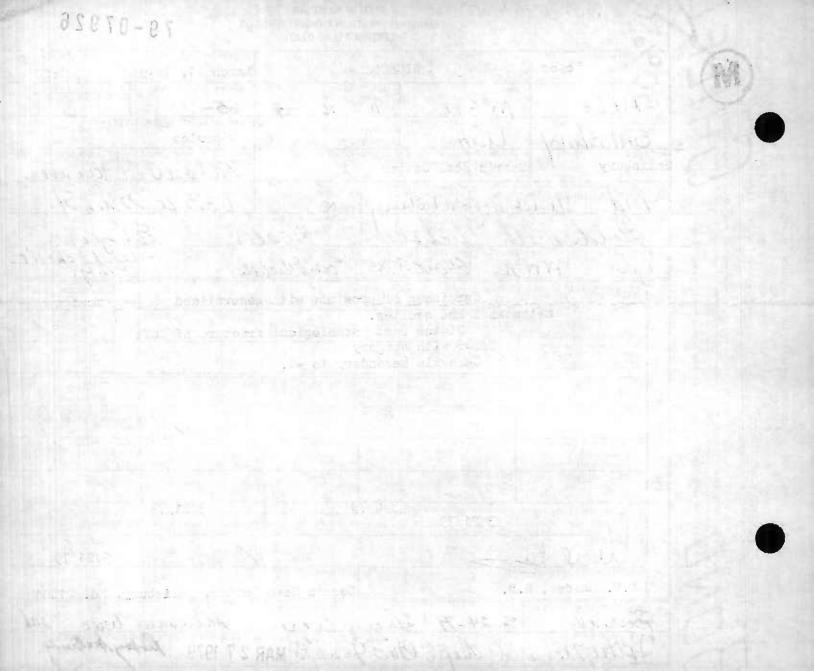
STATE OF MARYLAND



	1						OF MARYLA						
2	1-	FOR STATE					ALTH AND			-	70 07	025	
1		REGISTRAR		MEI		AMINE	R'S CERTIF	ICATE O	FDEATH	REG. NO	9-07	3 2 3	
(3)		CEASED NAME PE OR PRINT)	EDNA	MIN	MIDDLE IIFRED	Teal I	MORRI	rs	20. DATE OF	KNOWN ESTI-	3-14-75	YEAR 2b. HO	
URS SEET	3 SE	(It D		. DATE OF BIRTH		AGE (IN YEARS	IF UNDER 1 YR				MONTH DAY		AM
Z S S S S S S S S S S S S S S S S S S S		10 mm	ACE	1 L	YEAR 29	LAST BIRTHDAY)	MONTHS DAYS	HOURS	MIN. PRONOUI DEAD	NCED 3	-14-79	. 6:15	
STOTS	7a. B	RTHPLACE (STATE C		b. CITIZEN OF WH		. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			9 BALTIA		R COUNTY OF DE		7//
出版を言葉べん	FC	REPORT COUNTRY)		7/.	S.A	v	MARRIED N	DIVORCE		Wicom	ico		MD
THE PAGE 1301 W		TY OR TOWN OF D		1. NAME OF HOS	CHITY CIVE STORE	T ADDRESS)	R OTHER INSTIT	TUTION	12a. USUAL OCCU FOR MOST OF WO	PATION (TYPE	OF WORK 12b. KIND	OF BUSINESS	2
DEL N TO DS,		Fruitlar									Skel	1010 8 647	14
MD. 21201 TH. IF ANY DELAY IS NE. 1, 2, AND 3 TO THE FU. M. 3. RETAIN PAGE 5. D. 2 SHOULD BE FILED, W. TYAL RECORDS, 301 W/T		TATE Md.	Wicom	ico		tlan			130. STREET ADDR	le Av	A .		0
2. 2. 3. 3. SH	14. F.	ATHER'S NAME						HER'S MAIDEI		20 110	•		
ORE, MD	(PADD	100	MIDDLE	A P	1110.	4	MA7	1= "	AIDDLE	TAN	O O C	
MORE, TER DE FORM SS 1 AN	16a. \	VAS DECEASED EVI	ER IN U.S. ARME	D FORCES?	16b. SOCIAL	SECURITY N	O. 17. INFO	RMANT		ADDRESS	JITI	105	
SGTZA	-	ES, NO, OR UNKNOWN)	(IF YES, GIVE WA	R OR DATES)	220-2	26-30	36 MKS	MARI	W WRIC	nHT	SALI	5, MI)
		18. CAUSE OF DE	ATH (Enter anly of WAS CAUSED 8								BETWEE	OXIMATE INTERVAL	TH
NA ST., 24 HOL TEM 18 ONG ' PERMIT.	15	PARTIDEATH	IMMEDIATE	CAUSE (a)	V st		e Card	iovas	cular D	isease	3	years	
AL AL		402	9	DUE TO, OR	AS A CONSE	QUENCE OF							
ANS		Canditians, il		(b)								Tar 2098	
6, 301 W. PRESTON ECUTED WITHIN 24 5". IN PENCIL. IN ITER BURAINIER ALON BURAL'IRANSIT PER AND MENTAL HYGIEN DN, OR REMOVAL.		cause (a) stati		DUE TO, OR	AS A CONSE	QUENCE OF							
EXECUTED VG" IN PE ICAL EXAM	0.			(c)									
	z	PART 2 OTHER SIGNIFIC	CANT CONDITIONS COL	NTRIBUTING TO GEATH	BUT NOT RELATED	TO THE TERMINA	OISEASE OR CONDIT	TON GIVEN IN PAR	[1 (a).				
TAL RECORD HOULD BE E) RD "PENDIN' HIFF MEDIC USED AS A OF HEALTH , IL, CREMATIC	CERTIFICATION	19a. DATE OF OPE	RATION	19b. CONDIT	TION FOR WH	ICH OPERAT	ON WAS PERFO	DRMED?			20. AU	TOPSY?	_
VE VITAL RI TE SHOULD WE CHIEF DE BE USED ENT OF HE BURRAL, CRE	Ę	100									YES	s 🗆 NO 🕽	0
OF VITA ATE SHG E WORD THE CH ID BE U BURIAL	CER	21a EXTERNAL CA	_	21b. TIME OF	INJURY	AV YEAD	21c. HOW INJUR	RY OCCURRED	(ENTER NATURE OF IN	JURY IN ITEM 18 P	ART I OR PART 2]		
ONO THE TO T TO T TO T TO T TO T TO T	₹ S	UNDERLYING CONTRIBUTING				19							
INVISION OF VIT	MEDICAL	21d. INJURY OCCU	JRRED		OF INJURY (AT HOME.	STREET	37.VIR	CITY OR TO	WN	COUNTY	STAT	F
DIVIS THIS CER WARDED PAGE 3 STATE DEP	1	WHILE AT WORK	WORK		,						COOM		
2 SE		22a. I certify the	at I taak charge o	of the remains des	cribed abave,	held an	Autapsy .	Inspection	X Inquiry	X, and	I in my apinian	2.49.74	3
L EXAMINER: E CERTIFICATE OULD BE FOR H, WITH THE MARYLAND, 2		death resulted fro	om Magural	covies X	Accident], Suicio	e . Han	nicide	Undetermined m				
EXA CERT UILD DIRE WIT		ACTUAL	10.	(/		(SPECIFY)			2	7 5 70	
SHOUND WATH,		SIGNATURE	1	12			M.DD(eputy	MEDICAL EXAM	AINER	SIGNED 3-	15-79	_
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNETH, BATTER DEATH, BATTER DATE, ATTER DATTER DATE, ATTER DATE, ATTER DATE, ATTER DATE, ATTER DATE, ATTER	-	EXAMINER'S NAM	Earl I	. Rove	r. M.	D.	ADDRESS	409	Camden A	lve.,	Salisbu	ry, Mo	ı.
TO A EXEC PAGE TO F BALT	Zin. 5	IAL, CREMATION					ERY OR CREMA	,	23d LOCATION			\	7
BP.	1	Lunia	11 3	3-18-1	9 4/11	11/1	110 mi	m Pt	STORTOWN	w).	(0)4	Mil	-
DHMH · 17		UNERAL DIRECTOR		- 4000000	ixen	- Maria			C'D. BY REGISTRA	AR 25 15 U	TRAR AND COM	sty	
(VR A15 ME (5)) 15M 7/77	We	st-Fook	s Funer	ral Hom	e, Sa	lisbu	ry, Md	- MAR 1	9 1979	and	7	1	

Tagont X.	PRF-12-EX	T AGENT		
And Alley Call of the Control of the Call		29 50	u 1	
A Land of the control				
ane it hasho avoi mah avi maa in a		to a svil eff		boat Miles
and and the substitution involves of the substitution in the subst	avi eigi esil yer	broth to-	on fatos	W . DW
X X X				
X X X		2007-05-055		
X X				
살아들이 사용하는 아이들이 살아들이 얼마나 아니는 아이들이 아이들이 아이들이 살아 있다.				

-8		FOR STATE REGISTRAR		STATE OF MARY MENT OF HEALTH AN CERTIFICATE OF	D MENTAL HY	REG. NO.	0792	6
M		OR PRINT) FIRST	WIDDLE	CHOLS		March 21, 1979	DAY YEAR	26 HOUR 1:20
ge 4 m	3 SE	MALE	1 RACE NCG10	5. DATE OF BIRTH MONTH DAY	1915	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS .
nerol din 72 hou		RTHPLACE ISTATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVE	R MARRIED DIVORCED	9. BALTIMORE CITY <u>OR</u> COUN Wicomico	TY OF DEATH	
rs ofter dec		isbury	Deer Passe Head Grant Reprint		NSTITUTION	176 USUAL OCCUPATION (TYPP OF WORK FOR MOST OF WORKING	126. KIND C INDUSTRY	rele
filled in ould be	USU.	AL RESIDENCE (IF NURSING HOMEOR STATE 136 COUN	1 4 0 4		CITY LIMITS?	13e STREET ADDRESS LU.	main	54.
ompletely I and 2 sh	1	Doldem	Who Theha	la	R'S MAIDEN NA	Pet MIDDLE &	Care	7
be execution and co	160 2	VAS DECE ASED EVER IN U.S. ARI	MED FORCES? Nob SOCIAL SECTION AND ALCOHOL	9785 DUC	Vi Cos 1	ADDRESS	cewith.	chel
physici on paper emoval.		PART I. DE ATH WAS CAUSE	ly one couse per line for (01, (b), or D BY: Carcinoma (E CAUSE (0) (BSTASES and asc)	of prostat	e with	generalized	BETWEEN	ths
death ce tattending move carb ation, ar r		Conditions, if any, which	DUE TO, OR AS A CONSEOU	post pathol	ogical i	Fracture of left		
by the		gave rise to immediate cause (a), stating the underlying cause last	femur with	urgery ENCE OF Secondary t	o #1.			
signed hen ple to burn	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO			INAL DISEASE OR CONDITION C	GIVEN IN PART 10	5)
in. The low re hysicon cote has been const permit. If Hygiene prior 18 shows any ii.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PER	FORMED	_ IN CER	YES, WERE FINDIT TIFYING CAUSES YES [
HYSICIAN: The ading physicians are certificate burial-transit if Mental Hygical are them 18 shall be a shall b		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	THE OF INJURY HOUR A.M. MONTH D	AY YEAR	INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 1	8, PART 1 OR PART 2)	
Of Protein of the street of th	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCA STRE	TION	CITY OR TOWN	COUNTY	ST
R ATTENDIN hospital or RECTOR: Af hed far use a pept af Health tem 21 is ma		low the deceased alive an	tol) oftended the deceased from 3/21/79 19	3/8/79	ny) (aur) apinian	death occurred an the date and h		that (I) (v causes sta
- D 0 0 0		22b. SIGNATURE		DEGREE	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/21/	
HOSPI Bined b		L.V. Maldve, 1		Deer		Center, Salisbu	rv. Md.	21801
BP	23a. 8	BURIAL, CREMATION, REMOVAL	3-24-F1 \$	LA OD 12		23d LOGATION CITYORTOWN	cqunty °	STA
DHMH - 16 50M 7/77	24 E	UNERAL DIRECTOR	· () (ADDRESS (1 Suction	250. DAT	E REC'D. BY REGISTRAR 256 PEG	ISTRAR'S FIGN	URE



	١,	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H	YGIENE	70 07007
		STATE REGISTRAR		CERTIFICATE OF DEATH	REG. N	79-07927
		CEASED NAME FIRST	Gertrude	LAST	20 DATE OF DEATH	
		ESTELLE		OAKES	March 11,	
	3. SE	female	4 RACE	S. DATE OF BIRTH SEPT. 16, 1902	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN YRS.
1/1	70. B	RTHPLACE STATE OR FOREIGN OUNT Delaware	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED		OR COUNTY OF DEATH
31		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	WIDOWED DIVORCED [IG HOME OR OTHER INSTITUTION ADDRESS]	120 USUAL OCCUPAT	ION 126. KIND OF BUSINESS OR
021		alisbury	Deer's Head C		nonce	
35	13a	Manuland 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW			eway Village
22	_	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN P	NAME MIDDLE	LAST
edicol ex		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU	PRITY NO. 17 INFORMANT	ADDR	ESS
	(TES, NO OR UNKNOWN)	E WAR OR DATES)	Carl Harri	son - Salislu	inu. Md.
ury, or other t	NO	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUI	ENCE OF DEATH BUT NOT RELATED TO THE TE		
9	CATI	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
du Swou	RTIFICATI				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
7	CAL CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY ATH HOUR A.M. MONTH D.	21c HOW INJURY OCC		IN CERTIFYING CAUSES OF DEATH? YES NO NO
ed or Hem		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY ATH HOUR A.M. MONTH D.	AY YEAR 19 211. LOCATION	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO
ed or nem 18 shows	¥	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFF MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY	AY YEAR 19 211. LOCATION	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO
21 is morked or item 18 shows	¥	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE SOW the deceased believe pro	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 1	AY YEAR 19 216 HOW INJURY OCC 216 LOCATION STREET	YES NO URRED (ENTER NATURE OF INJU	IN CERTIFYING CAUSES OF DEATH? YES NO DIPY IN ITEM 18, PART 1 OR PART 2] WN COUNTY STATE
I: If Item 21 is morked or Item 18 shows	¥	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE SOW the deceased believe pro	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, 1) itol) ottended the deceosed from	216 HOW INJURY OCC 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 219 LOCATION STREET 210 LOCATION STREET 210 LOCATION STREET ATTENDING	YES NO URRED (ENTER NATURE OF INJURED) CITY OR TO CITY	IN CERTIFYING CAUSES OF DEATH? YES NO DAY IN ITEM 18, PART 1 OR PART 2 WN COUNTY STATE One ond hour and from the couses stated 122c. DATE SIGNED
I: B flem Z1 is morked or flem 18 shows	¥	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (Ais hosping to the deceased blive or obove, (1) (we) (did (did not obove, (1)) (we) (did not obove, (1))	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, 1) 21) view the body after death.	216 HOW INJURY OCC 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET DEGREE	YES NO URRED (ENTER NATURE OF INJUDENT OF TO CITY OR TO CITY OR TO DO	IN CERTIFYING CAUSES OF DEATH? YES NO DAY IN ITEM 18, PART 1 OR PART 2 WN COUNTY STATE One ond hour and from the couses stated 122c. DATE SIGNED
I: If Ifem 21 is morked or Ifem 18 shows	¥	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (I) (Ruis has sown the deceased plive or above. (I) (we) (did (did no 22b. SIGN ATURE) 22d. PHYSICIAN'S NAME (TYPE CAUSE)	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, 1) 21) view the body after death.	21c HOW INJURY OCC 21f. LOCATION STREET 21f. LOCATION STREET 21f. LOCATION STREET 21g. and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	YES NO URRED (ENTER NATURE OF INJUDENTED AND A CITY OR TO CITY OR TO MEDICAL STA	IN CERTIFYING CAUSES OF DEATH? YES NO DAY IN ITEM 18, PART 1 OR PART 2 WN COUNTY STATE One ond hour and from the couses stated 122c. DATE SIGNED
I: B flem Z1 is morked or flem 18 shows	MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE AT WORK AT WORK SOW THE DECENSION OF	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 1) 21t view the body after death. 21 PRINTY JOE HWANG	21c HOW INJURY OCC 21f. LOCATION STREET 21f. LOCATION STREET 21f. LOCATION STREET 21g. and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO
Item 21 is marked or Item 18 shows	MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (Ruis hose saw the decessed plive or above, (1)) (we) (didl' (did no 22b. SIGN ATURE) 22d. PHYSICIAN'S NAME (TYPE CO	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21b. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 1) 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 1) 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 1) 21c. PLACE OF INJURY (AT HOME OF INJURY) JOE HWANG	21t HOW INJURY OCC AY YEAR 19 21t. LOCATION STREET 21t. LOCATION 19 21t. LOCATION 5TREET ATTENDING PHYSICIAN 22e ADDRESS Deer NAME OF CEMETERY OR CREMATOR Redmen A Cemetery	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO STATE NO STATE NO STATE NO STATE OUNTY STATE 22c. DATE SIGNED STATE 27c. DATE SIGNED COUNTY STATE COUNTY STATE COUNTY STATE

				Containte		
	Telling W. saids	5/18/12	T Just -	.ahua	Alvan	4
	and the second		×	0 0 0		J.C.
	2.2			Dearle Stand		
war (ye)	ELE Z Zufung			~.m/ \	media.	(see
			enca.	Trees.		
4 .6	Limited and a go	Sharp 13			0/1	
	The Lister 3					
	Lak, varuot onaH					

STATE OF MARYLAND

ACIA ST- S- IS MINISTER STEELS	TATE OF THE PARTY
# 07-12-E	go led at it estima efemo
25 In 1619	
and the state of	Salistore Peninsula Conoral La
	deliment contact .61
	der a- a- res
PRABLE WINGS	
hor danden Ave.; de laboury, id	
	Carry of Company on the Company of t

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE Richard L - STATE CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR LIVES OR PRINTS Richard arison Janah 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH Male DAY YEAR DAYS HOURS White 1924 TO BIRTHPLACE ISTATE OR FORFIGN THE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED Wicomico WIDOWED DIVORCED Mary land NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Peninsula General Hospital Salisbury Exec Plumbing Firm Plumbing 13a STATE 13b COUNTY 13c CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Salisbury Wicomico YES V NO Quantico Road 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME EIRST MIDDLE LAST FIRST 520 enjamin Frank Parsons Marie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Salisbury, Maryland Yes 218-16-816 Parsons-Quentico APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE 10 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST Conditions, if any, which gove rise to immediate cause ia, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. veroros. ö à PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RETATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO sha fransit Il Hygie 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DIRE 776 SIGNATUR DEGREE 22c. DATE MEDICAL + ATTENDING STAFF be deto e State I FUNERAL PHYSICIAN PHYSICIAN MPORTANT THE PHYSIC HON'S MAME IN THE CHERTY. 22e ADDRESS ld b 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Mdr CITY OR TOWN (SPECIFY) COUNTY BP Burial Memory Gardens Salisbury Wicomico Md 230 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 Holloway Funeral Home P. A. Salisbury. Md. (VRA 15 (4))

62610-61 Salisbury | Faminaula Ceneral Hozpital

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) 35 WALTER 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) DER I YEAR MONTH Male White January 24,1898 To BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Wicomico Snow Hill. Md. WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR Peninsula General Hospital TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Salisbury Accounting Accountant DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 404 Circle Drive 131 COUNTY Snow Hill 13d INSIDE CITY LIMITS? Maryland Worcester YES [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Minnie MIDDLE HolToway Perdue Harry ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO I LIF YES, GIVE WAR OR DATEST Mrs. Erma H. Perdue (wife) same as 13 214-30-8263 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for o , (b , and c PART I, DEATH WAS CAUSED BY 1,20 IMMEDIATE CAUSE 10 CONSPOUENCE Conditions, if ony, which gove rise to immediate couse to, stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 7: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIN CERTIFICATION IN DATE OF OPERATION 18) CONDITION FOR WHICH OPERATION WAS PERFORMED 70n AUTORS YES, WERE FINDINGS USED RECERTIFYING CAUSES OF DEATH? VES.T 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK 20 I certify that (1) (this hospital) attended the deceased from sow the deceased olive on ond tho (in (my) (ठ०८) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter deoth 27h SIGNATURE DEGREE 22c. DATE SIGNED De 0 ATTENDING * MEDICAL FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S AME (TYPE OF PRINT) 22e. ADDRESS ORT rcen shoul with IMPC 0 23d. LOGATION 230. BURIAL CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY Burial Forest Grove Cemetery Parsonsburg, Wicomico, Marylar BP. 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VRA 15 (4)) HOLLOWAY FUNERAL HOME, Salisbury, Maryland

STATE OF MARYLAND

	1 -	Ltem #18 Film G5	30 4/3/19 rc	STATE OF MARYLAND						
(A)	1	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. N	79-07931				
		CEASED NAME FIRST BABY	Boy	Perry	JANUAR V	MONTH DAY YEAR 26. HOURST				
ge 4 ma ector, po	3 SE	×	NEGRO	5 DATE OF BIRTH MONTH DAY YEAR 7 - 79	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HKS MONTHS DAYS HOURS AIN YRS				
deoth. Po		Maryland	6 CITIZEN OF WHAT COUNTRY	** MARRIED NEVER MARRIED ** WIDOWED DIVORCED	Wigomio	OR COUNTY OF DEATH				
by the fulled with	s	alisbury	Peninsula G	ING HOME OR OTHER INSTITUTION ET ADDRESS) eneral Hospital	120 USUAL OCCUPAT					
MARYLAND 2120 ed within 24 hours mplerely filled in by and 2 should be fill	130	AL RESIDENCE (# NUI - HI COUN			13e STREET ADDRESS					
MARYLA manufication and 2 sh	14. F.	ATHER'S NAME KEITH	PAShie	Alexis	PERRY MIDDLE	LAST				
BALTIMORE, cote be executioned coppers. Pages 1 vol.	16a \	WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b SOCIAL SEC	CURITY NO. 17 INFORMANT Alexis	PERRY	R+1 Box 2548 Mandit				
ADS, 201 W. PRESTON ST., BAI equires that the death certificate signed by the attending physici Then please remove are accompandent to buriol, cremotion, or other niury, or other traumofic event, the	NO	PART 1. DEATH WAS CAUSED BY. J. J								
AL RECOR	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO				
NG PHYSICIAN: The low require of tending physician. This certificate has been sign on the buriof-trons permit. Then the and Mental Hygene permit not have done them 18 shows ony injury orked or them 18 shows ony injury	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	DAY YEAR 19 211 LOCATION		JRY IN ITEM 18, PART 1 OR PART 2)				
	×	WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospite	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TO	wn COUNTY STATE				
A ATTEND hospital of hospital of head for use ept. of Hea I is mitten 21 is mitten	1	sow the deceased alive an above, (1) (we) (did) (did not) 22b. SIGNATURE	19			late and hour and from the causes stated 22c. DATE SIGNED				
HOSPITAL C		22d PHÝSICIAN'S NAME (TYPE OR	Margan	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STA DIRECTOR PHYSI	FF _ 10/7Q				
P = P = 3 ≥ = -	23a	BURIAL, CREMATION, REMOVAL	· ~ ~	NAME OF CEMETERY OF CREMATORY	CITY OR TOWN	COUNTY STATE /				
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	Linton F. S.	tewart Lal	lis and	AR 0 1 1979	256 Justing Med Bredy				

Salisburg Reminerala General Bumpical

							MARYLAND					
1	1-:	FOR STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH RED NO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
1		EASED NAM	_		WIDDLE		LAST	OF	E KNOWN	MONTH	DAY YEAR	26 HOL
E .			ELSIE	P-31	JANE		OWELL	DEAT	H MATED	3- T	- 79 ₉	A
ST	sex Fe	male	White	S. DATE OF BIRTH MONTH DAY March 11	YEAR 6. AGE (IN LAST BIRTI	MONT	NDER 1 YR. IF UNDER	MIN PRONO	UNCED	month ch 3	DAY YEAR	24 HOL
STON	FOI	THPLACE (S	TATE OR	76. CITIZEN OF W		8 MARR	IED NEVER MARK	RIED 📙	IMORE CITY O			
) O M	ary	land YOR TOWN	OF DEATH	USA 11. NAME OF HO	SPITAL, NURSING HO	ME, OR OTH	VED M DIVOR	120 USUAL OCC		OF WORK 1	26 KIND OF BL	
00	Sa	lisbur	v		Church St.	5)		None None	ORKING LIFE)		OR INDUST	
Z	13a. S1	ATE	13b. COUNT	Υ	13c. CITY OR TOWN		13d INSIDE CITY LIMITS?	13e. STREET ADD	RESS Churc	h Ctu	no.t	
7		ryland	Wicom		Salisbur	<u>/</u>	15. MOTHER'S MAID			n Str		
21		arles	Alfr	- 01	Townsend	=141	Janie		WIDDLE W		uitt	
1		AS DECEASE S. NO. OR UNKNO NO	D EVER IN U.S. ARM	ED FORCES?	166 SOCIAL SECUR	ITY NO.		(brother) ess L. To		331 B	arclay sbury,	St. Md.
HOUNS AFTER DEATH IF TEM 18, GIVE PAGES 1, M. 1. LONG WITH FORM PM 3. I. PERMIT, PAGES 1 AND 2 SH GIENE, DIVISION OFWIGH PR		18 CAUSE C	OF DEATH (Enter only EATH WAS CAUSED IMMEDIATE	BY:	e for (o), (b), ond (c).) Coronary	Occl	usion				APPROXIMAT BETWEEN ONSE MINU	ET AND DEATH
			ins, if any, which ise to immediate		R AS A CONSEQUENCE ASCVD	E OF					уев	
UTED WITH R PENCIL EXAMINE RIAL-TRAN MENTAL OR REMO		couse (o lying co	stoting the <u>under</u> use last.	DUE TO, OI	R AS A CONSEQUENC	E OF						
IS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU RITING THE WORD "PENDING" IN PENCIL IN ITEM 18 (RDED TO THE CHIEF MEDICAL EXAMINER ALONG 15: 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. IF DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DI PRIOR TO BURAL, CREMATION, OR REMOVAL.	N	PART 2 OTHER S	IGNIFICANT CONDITIONS CO		H BUT NOT RELATED TO THE TI	RMINAL DISEA	SE OR CONDITION GIVEN IN P	ART 1 (a).				
	CERTIFICATION	19a. DATE O	FOPERATION	196. COND	ITION FOR WHICH OP	ERATION V	VAS PERFORMED?				20 AUTOPSY	
		UNDERLYING	AL CAUSE WAS		M. MONTH DAY YE		IOW INJURY OCCURR	RED (ENTER NATURE OF	INJURY IN ITEM 18 F	PART I OR PART	YES L	NO 💢
	MEDICAL	21d INTURY	OCCURRED NOT WHILE AT WORK	21e. PLACE	M. 19 OF INJURY (AT HOME, CTORY, FARM, ETC.)		OCATION	CITY OF	TOWN	COUN	NTY	STATE
EXAMINER: THIS CERT CERTIFICATE, WRITING CONTINUED BE FORWARDED DIRECTOR: PAGE 3 SH WITH THE STATE DEPA NARYLAND, 21201 PRIOR		22s. 1 cert	ify that I took charge	707	escribed above, held on	Autor Suicide	psy , Inspection	an X, Inqu		d in my opir	nion	
AL DIRECTOR: H, WITH THE S MARYLAND, 2		death resulted from: Distural couses A. Accident L., Suicide L., Hamicide L., Undetermined monner L., TITLE (SPECIFY) M.D. Deputy MEDICAL EXAMINER SIGNED 35 /79										
AFTER DEATH, BALTIMORE, M.	_	EXAMINER'S (TYPE OR PR		L. Roye	8 er, M.D.		ADDRESS 409	Camden Av		isbur	y, Md.	
AFTER BALTIA	23a. Bl	JRIAL, CREMA	TION,REMOVAL 23	b. DATE			OR CREMATORY	23d, LOCATIO		COUNT	ry ,s	STATE
-		rial INERAL DIRE		3/7/79	Parsons	Ceme	tery	Salis REC'D. BY REGIST	DAD 175h GI	STRAR'S	co. Ma:	rylan
17 E (5)) 76		LLOWAY		HOME, Sa	lisbury, Ma	arylar			10.1	rey Me	Credy	

19-07332

STATE

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

8:30

HOURS.

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

STATE .

DAYS

INDUSTRY

YES []

COUNTY

22c. DATE SIGNED

Md. 21801

IF UNDER 24 HRS

19-01933 FIRST LINES OF THE X CHARLES WITH LA Market State of the State of th A MARKET BY THE PROMETER OF THE PROPERTY OF TH The state of the s

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN TE MONTH DAY 2b. HOUR (TYPE OR PRINT) 3-19-79 h: 06P JAY DAVTD RICHSTONE DEATH MATED NECESSARY, PLEASE FUNERAL DIRECTOR 5 FOR YOUR FILES HOUR 6. AGE (IN YEARS | IF UNDER 1 YR. 2d. HOUR 3 SEX 4. RACE DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) 22 PRONOUNCED PRESTON S Male White Dec. 63 DEAD March 19 YRS 70. BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Poughkeepsie. SHOULD BE FILED, WAL RECORDS, 301 W ID CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION PAGE OR INDUSTRY Printing Specalist Salisbury Peninsula General Hospital Government RETAIN USUAL RESIDENCE (IF IN HURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a. STATE 113b. COUNTY BALTIMORE, MD. 21201 134 Francis Drive Salisbury YES NO [Maryland Wicomico FORM PM FORM PM SES 1 AND 2 SHO 15. MOTHER'S MAIDEN NAME TER DE 14. FATHER'S NAME MIDDLE MIDDLE LAST FIRST Richstone Tanva (unknown Aaron 166 SOCIAL SECURITY NO 7. INFORMANT ADDRESS. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? PAGES | (YES, NO. OR UNKNOWN) DIVISIO Mrs. Hilda Richstone (wife) same as 061-12-4212 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) HYGIENE, D BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: PRESTON ST Coronary Occlusion minutes IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT P AND MENTAL HYG ON, OR REMOVAL. Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 301 W. lying cause last AND CREMATION. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) × CERTIFICATION USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL YES NO X BE PRIOR TO BURL CERTIFICATE, WRITHING TO THE OUID BE FORWARDED TO THE OAGE 3 SHOULD BE 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION TO MEDICAL EXAMINER: THIS CE PRECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDET TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PRI AT WORK AT WHILE STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE Inquiry X 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Notural causes Hamicide Undetermined manner TITLE (SPECIFY) 20/79 Deputy MEDICAL EXAMINER EXAMINER'S NAME Camden Ave., Salisbury, Maryland Royer, M.D. Ear] 409 TYPE OR PRINT 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 13¢ NAME OF CEMETERY OR CREMATORY Wicomico, Maryland Salisbury. Beth Israel Cemetery Buria] BP 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** HOLLOWAY FUNERAL HOME, "Salisbury, Maryland (VR A15 ME (5)) 15M 7/76

18870-87

oo taas i

Seliabury Peninsula Ceneral Hospital

STATE OF MARYLAND REG. 9-07936 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN TO (TYPE OR PRINT) DONALD GRANT TAYLOR :20P -30-DEATH MATED 4 RACE 3. SEX AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d HOUR PRONOUNCED Male White 25 DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico U.S.A. WIDOWED 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION A Peninsula General Hospital bricklayer building Salisbury USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE Wicomico Salisbury 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Quantico Road JRS AFTER DE.

8. GVE PAGES 1, 2
WITH FORM PM 3.4
IT. PAGES 1 AND 2.44
IT. PAGES 1 AND 2.44
IT. PAGES 1.45
IT. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Davis Oscar Elizabeth Taylor 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (father) ADDRESS BOX 5 IYES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES 220-52-8967 Oscar Lee Taylor, Salisbury, Md. No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL
BETWEEN QUSET AND DEATH
SUCCEN PART I DEATH WAS CAUSED BY Multiple Trauma IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 190 DATE OF OPERATION %. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? AND THE WO WANDED TO THE C. R. PAGE 3 SHOULD BE E. STATE DEPARTMENT O 21201 PRIOR TO BUT. YES NOT 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM MONTH DAY YEAR UNDERLYING TO OR Motorcycle accident, struck truck. CONTRIBUTING CAUSE OF DEATH Rt. STREETO & Hobbs Rdy or Town Salisbury, Wic., STAMO intersection. WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Accident X death resulted fram: Hamicide L Undetermined manner TITLE (SPECIFY) DATE 4-2-79 Deputy SIGNATURE EXAMINER'S NAME Earl L. Royer, M.D. 409 Camden Ave., Salisbury, Md. 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY Salisbury, Wicomico, M ryland Wicomico Memorial P rk 4-2-1979 Burial BP. 250. DATE REC'D. BY REGISTRAR 25MREGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** Hill-Baker-Bounds, Salisbury, Md. VR A15 ME (5) 15M 7/77

38880-0 02117 97-08-6 The state of the s Male Milte de 8 53 25 Palmoods. . A. B. malaling aggrigation fodigen in agent aftening told graduite? Bond of Lines were to the rest of the bell with the Cooky Lee Lyan Taylor 220-52-6957 Cader Lee Taylor, Sallaborn, . Mount House, one lose Moveyore Profit B. B. x decembertion, it. so we down in . Saliabney, sign. LOW CHECKED AVO. BELLEVIEW. Ed. T. M. Revolt . I Lease HARMER OF THE PARTY OF THE STREET, CHARLES, SPECIAL A CONTRACTOR OF THE PROPERTY O

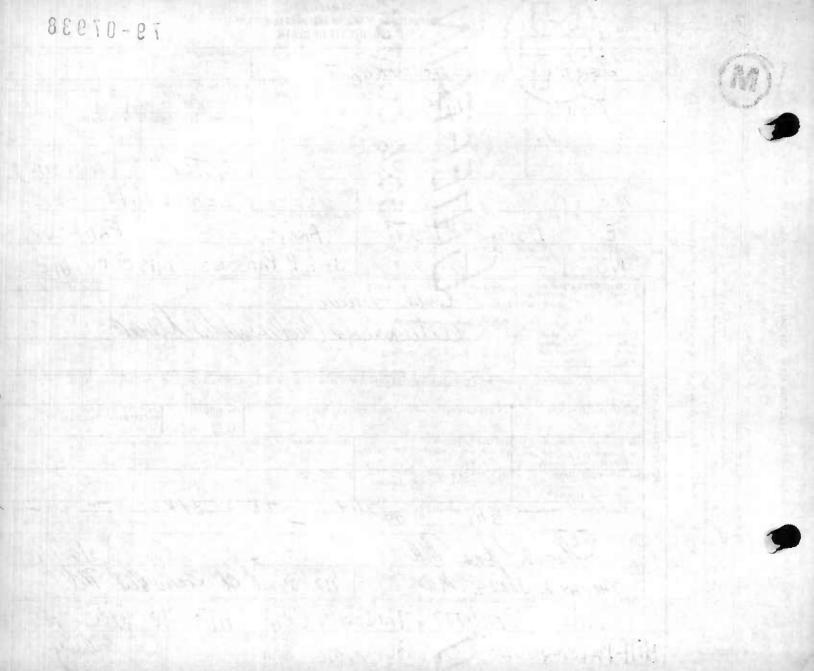
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE

(VR A 15 (41)

FOR



FUNERAL HOME, Salisbury, Maryland

FOR

24 FUNERAL DIRECTOR

DHMH - 16 60M 1/75

(VRA 15 (4))

STATE OF MARYLAND

250. DATE REC'D. BY REGISTRAR 25 LEGISTRAR'S SIGNATURE

ooteooit

Enliaboury Femineula General Hospital

10

POR SHIP

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 CERTIFICATE OF DEATH 2b. HOUR Lost 20. DATE OF DEATH OFCEASED-NAME First Middle (Type or print) Month RUSSELL WHITE M 1979 4. RACE IF UNDER 1 YEAR hours after 3. SEX S. DATE OF BIRTH 6. AGE (In years MONTHS completely filled in by the The law requires that the death certificate be executed within 24 hours 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN, OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED remave carban papers. country) DIVORCEO [WIDOWED N WICOMICO 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital within INDUSTRY give street address) during most of working life, even if retired.) SALISBURY NURSING HOME any,event, 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER odmission) STATE 13b. COUNTY 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Last First. Middle Lost the attending physician and sit permit. Then please rem nowz and 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. ar unknown) crematian, or remaval, CAUSE OF DEATH (Enter only one cause per in (a) PART I. DEATH WAS CAUSED BY: burial-transit permit. IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate cause (o), AS A CONSEQUENCE OF signed by physician. stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTINUATING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) attending TO FUNERAL DIRECTOR: After this certificate has been Health priar to far use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO F by the hospital or 21a. ACCIDENT WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) UNDERLYING T 21b. TIME OF INJURY CAUSE OF DEATH HOUR A.M. Month Day Year 0 (If either, notify medical examiner) detached (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town Stote County While Not while 22a. I certify that (i) (this hospital) attended deceased fro 19 12, and that in (my) (aur) afinian death accurred an the date and haur and fram the be retained the body after death MED. DIRECTOR PHYS. PHYS 22e. ADDRESS director, should by LOCATION (Gity or Town) 230. BURIAL, CREMATION (State) 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25m-1/70



and the same of th

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME WIDDLE 20 DATE OF DEATH MONTH 7h HOUR (TYPE OR PRINT) Woodrow 3 SEX RACE IF UNDER 1 YEAR 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH DAYS Male White August 6,1912 66 10. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X COUNTRY Wicomico Salisbury, Md WIDOWED DIVORCED [] 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Salisbury Peninsula General Hospital ourneyman tree pruner -Power USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 138 STATE 139 COUNTY 139 CITY OR TOWN 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS pino Salisbury Salisbury Wicomi YES [NO [Schumaker Drive 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST MIDDLE FIRST MIDDLE Pollitt Harry Wilson ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 306 Decatur Ave. sister (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Maude E. Llovd. Salisbury. Yes 217-10-3706 Mrs. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO OR AS A CONSEQUENCE OF onditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70b. IF YES, WERE FINDINGS LISED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES NO [710 ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE I 270 I certify that (I) (this hospital) attended the deceased from sow the deceased alive on , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not we the body after death 22b. SIGNATURE DEGREE

DHMH-16 50M 7/77 (VR A 15 (4))

Buria] 24 FUNERAL DIRECTOR

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

236. BURIAL CREMATION, REMOVAL

BENITO S. CHAN

23c. NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

ATTENDING

PHYSICIAN

547-D RIVERSIDE 23d LOCATION

DIRECTOR PHYSICIAN

COUNTY

SALISBURY MID

22c. DATE SIGNED

STATE

STATE

23b. DATE

ran

Pollitt Family Cemetery. Salisbury Wicomico

ADDRESS HOLLOWAY FUNERAL HOME. Salisbury, Maryland

STATE OF MARYLAND

19-079-2 THEOREM HERE ASSOCIATION OF THE PROPERTY OF THE Citienta in Windmiga Enlishmen Penimenta Ceneral Hospital 214 2 The Mark of the Mark of the Comment of the Mark of the Line of the State arthur manner at the second will be second at the